A NEW BEGINNING

A REVIEW OF THE NEEDS OF SENIORS IN THE NORTH PEACE REGION

VOLUME II
Technical Report

Funded by:
Peace River Health Unit
Senior Citizens Bureau
Manning Hospital Board
Northern Alberta Development Council

June, 1986

A NEW BEGINNING

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VOLUME II

TECHNICAL REPORT

A Project Sponsored by:	Regional Interdisciplinary Steering Committee For Geriatric Services in the North Peace River Region.
Co-funded by:	Peace River Health Unit Senior Citizens Bureau Manning Hospital Board Northern Alberta Development Council

June, 1986

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A REVIEW OF THE NEEDS
OF SENIORS IN THE
NORTH PEACE REGION

VOLUME I	Executive Summary
VOLUME II	Technical Report
VOLUME III	Directory of Agencies

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ACKNOWLEDGEMENTS

The Geriatric Committee would like to express a special thank you to all the seniors who most graciously gave freely of their time to participate in this study.

A special thank you to all the organizational and agency personnel who responded to interviews and information requests.

Sue Long, who was Project Co-ordinator, is thanked for her many, many hours of work and dedication to the project.

The Northern Alberta Development Council is recognized and thanked for their donation of staff, funds and energy to the project. Linda Beltrano is especially recognized for her efforts with the project.

The Peace River Health Unit is applauded for its continuous involvement, funding and dedication to the project. Hildegard Campsall, Margie Gravel, Inge Lehmann, Jennifer Loucraft and Rick Baier all participated in the project. Special note goes to Molly Hopcraft who Chaired the Committee and kept us all in line.

The Manning Hospital representatives, Cobus Vreeling and Gwen Halkyard are thanked for their funding contribution and their continued participation.

Madeline Yaremko from McLennan, Muriel Oslie and Helen Harvie of Peace River, and Isaac Graham of Fairview are thanked for their participation and continuous review of material.

The Senior Citizens Bureau, who provided the major funding for the project is thanked for its support.

Lastly, but most importantly, the 55 volunteer interviewers who conducted the senior questionnaires, we salute you and thank you for the 500+ hours of volunteer work. Without your effort this project could not have been completed.

Helen Harvie, Peace River
Aurelia Vangrud, Peace River
Peggy Rogne, Peace River
June Skip, Peace River
Mrs. Simpson, Peace River
Ann Boychuk, Nampa
Eva Johnston, Grimshaw
Elsie Bozarth, Berwyn
Judy Coates, Berwyn
Myrna Cameron, Manning
Avis May, Manning
Pat Mabley, Manning
Pat Reindeers, Manning
Eleanor Barnes, High Prairie
Lorna Kemp, High Prairie
Gwen Carson, High Prairie
Gwen McLachlan, High Prairie
Sister Clestine, High Prairie
Dorothy Supolik, High Prairie
Nancy Wasyleiw, Worsley
Judy Lund, Worsley
Hazel Lubeck, Worsley
Beth Tachit, Worsley
Alice Wald, Fairview
Brenda Gerrard, Fairview
Ruth Wilson, Fairview
Dorothy Ferguson, Fairview
Helen Przybylski, Whitelaw
Ann Reigling, Whitelaw
Maria Doucet, Falher
Andy Mungall, McLennan
Reine Lauze, Falher
Yvonne Hebert, Falher

Jeannine Guerett, McLennan
Henriette Laverdiere, Girouxville
Veronique St. Andre, Girouxville
Noella Fillion, Donnelly
Violet Lessard, McLennan
Sister L. Paradis, McLennan
Doris Dumont, Girouxville
Lillian Hebert, Falher
Lillian Bourgeois, Falher
Jeannine Anctil, Falher
Annetta Hawthorne, McLennan
Adelle Bisson, McLennan
Rev. J. Hoskin, McLennan
Mrs. Brassard, McLennan
Mrs. Sillion, Falher
Mavis Lang, McLennan
Oma Casault, McLennan
Terri Wilson, Community Health Worker, Cadotte Lake & Little Buffalo
Patricia Flett, Community Health Worker, Gift Lake
Darlene Carifelle, Community Health Worker, Loon Lake Grouard, East Prairie, Enilda
Edna Taschuk, Community Health Worker, Keg River.

INTRODUCTION

1.0 INTRODUCTION

1.1 Background

During the past year, various agencies and organizations in the Peace River region have become increasingly concerned with the "aging" phenomenon of the population in the district. The gradual change in senior citizen housing patterns, the needs for long term extended care in areas, and the related socio-economic needs and requirements of this significant group are all issues which have arisen in the Peace River region. When these issues are coupled with the funding restrictions of service agencies, a very important challenge faces policy makers in the future, that of meeting new and increasing needs with fewer dollars.

Specific issues which have faced policy makers in the past two years include the utilization of active treatment hospitals by senior citizens in need of extended care, the lack of extended care facilities in certain parts of the region, the increasing demand for home care, the under-utilization of lodges, and the problem of maintaining social family contacts with seniors in a region characterized by large distances and a scattered population.

In an attempt to address some of these issues which have been brought forward through previous research, briefs at public meetings, and interagency meetings, it became clear the only way to adequately identify the needs of senior citizens was through a CO-ORDINATED interdisciplinary approach. Consequently, the Geriatrics Interdisciplinary Committee was established to plan a research program centered on a needs assessment for the Peace River Area.

This group was formed on April 30, 1984. Four preliminary meetings were held which accomplished the following:

1. An interdisciplinary approach to planning for services to seniors was initiated; members agreed to a two-year commitment.

2. This group developed into a Steering Committee for Geriatrics Needs (hereafter referred to as the Geriatric Committee).

3. This group prepared an initial summary of services in the region.

4. The group agreed to investigate the possibility of a needs assessment of seniors in the region.

5. Through efforts on the part of several agencies, a list of 3,000 names and addresses of seniors was identified. This list was developed to be the fundamental source and basis for a detailed needs assessment for the future (referred to as the "Seniors Registry").

The Geriatrics Committee is interdisciplinary in nature. It is composed of members from the Peace River Health Unit, the Manning and McLennan Hospital Boards, the North Peace Foundation, the Northern Alberta Development Council, the Ministerial Association and most importantly the seniors from the area. The following is a list of participants. The Committee also has solicited the assistance of Dr. George Kupfer of Fresh Start Social Consultants to act as Committee Consultant, Gary and Darlene McCue of McQ Enterprises to assist in data and analysis, and Bruce Butler of Nichols Applied Management to assist in computer work.

SUB-COMMITTEE OF THE INTERDISCIPLINARY COMMITTEE FOR GERIATRIC SERVICES KNOWN AS THE GERIATRICS COMMITEEE

Hildegard Campsall, Executive Director, Peace River Health Unit

Helen Harvie, Provincial Executive Member of Alberta Council on Aging

George Kupfer, President, Fresh Start Social Consultants Co. Ltd.

Cobus Vreeling, Chairman, Manning Hospital Board

Gwen Halkyard, Manning Municipal Hospital

Madeline Yaremko, In-Service Co-ordinator and Assistant Director,
McLennan Hospital

Gerald Archibald, Director of Research & Analysis, Northern Alberta
Development Council

Linda Beltrano, Senior Northern Development Officer, Northern Alberta
Development Council

Margie Gravel, Home Care Supervisor of Community Health Nursing,
Peace River Health Unit

Molly Hopcraft, Supervisor of Community Health Nursing,
Peace River Health Unit

Muriel Oslie, Member of Advisory Council to Senior Citizens
Bureau, Peace River

Isaac Graham, Chairman, Ministerial Association, Fairview

CHAIRPERSON: Molly Hopcraft

PROFESSIONAL
RESEARCH ADVISER: George Kupfer

The Geriatrics Committee early in its inception realized that in order to be effective in its attempt to co-ordinate services it required information from the seniors themselves and the agencies delivering services to seniors.

Thus the Committee established a six phase research program.

Phase I	Seniors Registry
Phase II	The Research Design, Training and Agency Survey
Phase III	Survey of Seniors
Phase IV	Analysis and Report
Phase V	Planning, Promotion and Implementation
Phase VI	Evaluation Component

The Methodology section of this report will discuss each Phase in greater detail. Phases V and VI are not contained in this report. These Phases are viewed as implementation Phases which stem from Phases I to IV. They are long term components and stem from the work contained in this report.

1.2 Purpose

The general purposes of the Steering Committee's efforts were:

To seek to initiate a co-ordinated approach to the planning and delivery of services for seniors in the North Peace River region (Peace River Health Unit area) based on the perceptions of seniors and those people providing services to them.

To search for innovative ways to better inform seniors of existing resources and to encourage better utilization of those resources.

1.3 General Objectives

Throughout the human life cycle, habitual patterns of living or lifestyles are developed and a reasonable level of independence is maintained. Due to the process of aging, these patterns have to be modified to assist each person to keep functioning and keep self-respect. Gradually people become more and more dependent and less independent. Society should encourage citizens throughout their lives to maximize their independence while providing needed support services as that independence wanes. The services provided need to be tailored to meet the needs of seniors and the resources available so that each person can be given every opportunity to continue to grow and develop. The Geriatrics Committee established the following as their general research objectives:

Objective 1 - To describe the senior citizen population

Objective 2 - To describe the utilization of health care services by senior citizens

Objective 3 - To report the opinions of seniors regarding present services

Objective 4 - To identify services required to keep senior citizens independent for as long as possible

Objective 5 - To describe seniors' housing conditions and identify their future housing requirements

Objective 6 - To identify seniors' information needs

Objective 7 - To describe an effective means of transmitting information to seniors

Objective 8 - To describe and promote the development of a services co-ordination model, including seniors' participation

Note: Objective 8, the Co-ordination model is not addressed in this report; it is seen as part of Phase V.

1.4 Study Area

The geographic area for the review was identified as the district served by the Peace River Health Unit No. 21. The population of the region is approximately 40,000 persons covering a land surface of 27,500 square miles (See Map 1). There are six urban centers (defined as having town status) in the area (as identified on the map). The area is basically rural and small town in nature. The economy of the region is based on agriculture, forestry, the oil industry and tourism.

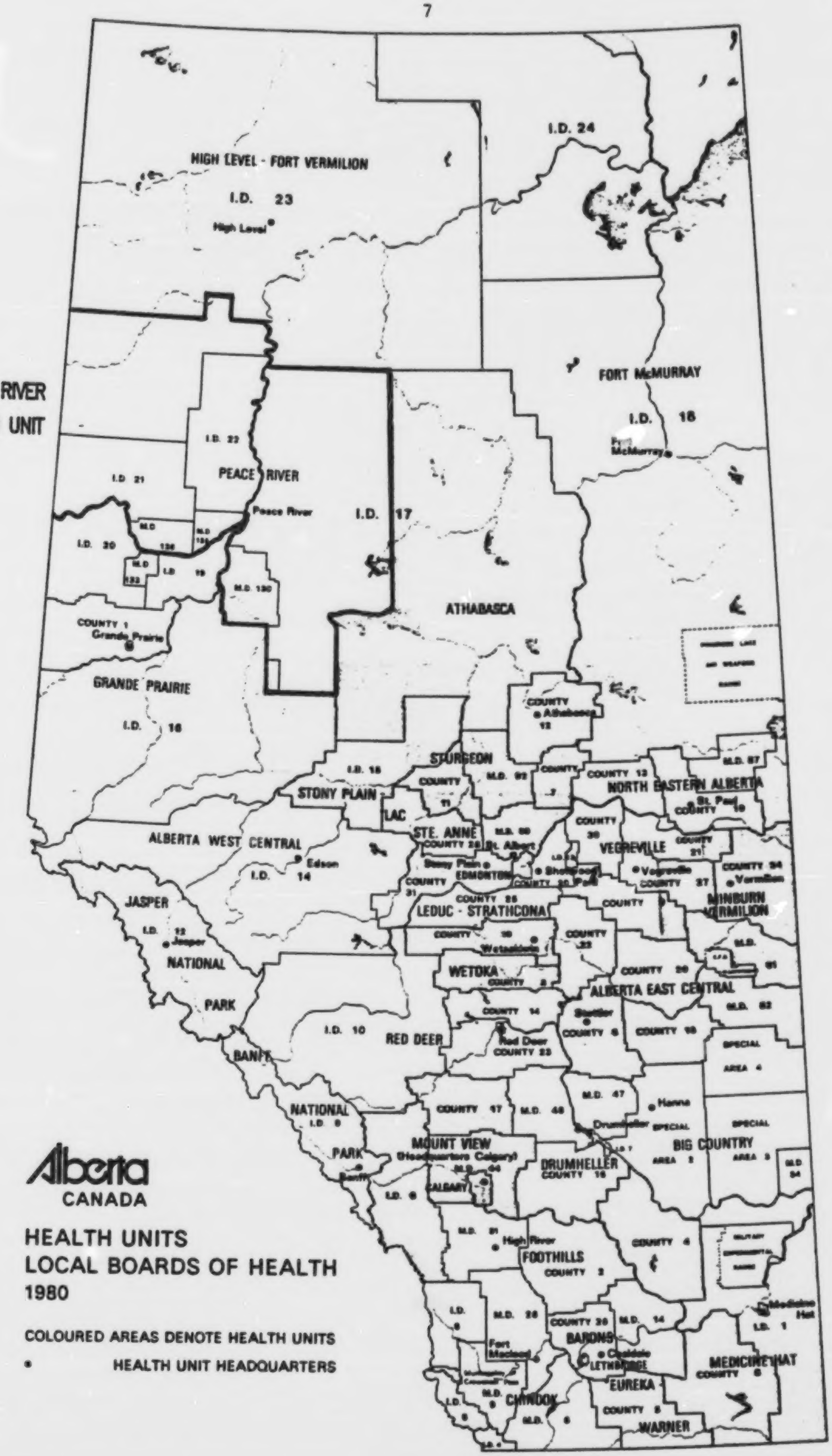
1.5 Organizational Structure

In order to facilitate the progress of the review and allow the Committee the possibilities of obtaining funding, the Peace River Health Unit became the Committee's sponsoring organization. The research project administration reported to the Health Unit but all decisions were made by the Steering Committee. Chart 1 depicts the operational lines of authority.

1.6 Funding

The Committee approached numerous sources to obtain funds to accomplish its program.

Phase I the Seniors Registry was funded through the efforts of the Peace River Health Unit and the Northern Alberta Development Council at a cost of approximately $7,000.


HIGH LEVEL - FORT VERMILION
I.D. 23
High Level
I.D. 24
FORT McMURRAY
I.D. 18
Fort McMurray
PEACE RIVER
HEALTH UNIT
I.D. 22
PEACE RIVER
Peace River
I.D. 21
I.D. 20
M.D. 135
M.D. 133
M.D. 132
I.D. 19
M.D. 130
I.D. 17
ATHABASCA
COUNTY 1
Grande Prairie
GRANDE PRAIRIE
I.D. 16
COUNTY 12
Athabasca
STURGEON
COUNTY 11
M.D. 92
COUNTY 13
NORTH EASTERN ALBERTA
St. Paul
COUNTY 19
M.D. 87
I.D. 15
STONY PLAIN
LAC
STE. ANNE
COUNTY 28
St. Albert
M.D. 90
COUNTY 30
VEGREVILLE
COUNTY 21
Stony Plain
EDMONTON
Sherwood Park
COUNTY 20
Vegreville
COUNTY 37
COUNTY 24
Vermilion
MINBURN
VERMILION
ALBERTA WEST CENTRAL
Edson
I.D. 14
COUNTY 31
COUNTY 25
LEDUC - STRATHCONA
COUNTY
JASPER
I.D. 12
Jasper
NATIONAL
PARK
COUNTY 10
Wetaskiwin
COUNTY 22
WETOKA
COUNTY 8
COUNTY 29
M.D.
61
ALBERTA EAST CENTRAL
COUNTY 14
Stettler
COUNTY 6
M.D. 62
I.D. 10
RED DEER
Red Deer
COUNTY 23
COUNTY 16
SPECIAL
AREA 4
BANFF
NATIONAL
I.D. 9
PARK
Banff
COUNTY 17
M.D. 48
M.D. 47
Hanna
Drumheller
SPECIAL
AREA 2
BIG COUNTRY
SPECIAL
AREA 3
M.D. 34
MOUNT VIEW
(Headquarters Calgary)
M.D. 44
CALGARY
DRUMHELLER
COUNTY 18
I.D. 6
M.D. 31
High River
FOOTHILLS
COUNTY 2
COUNTY 4
Medicine Hat
I.D. 1
I.D. 8
M.D. 26
COUNTY 26
M.D. 14
BARONS
Fort Macleod
Coaldale
LETHBRIDGE
MEDICINE HAT
COUNTY 3
EUREKA
I.D.
M.D. 9
CHINOOK
M.D. 6
COUNTY 5
WARNER

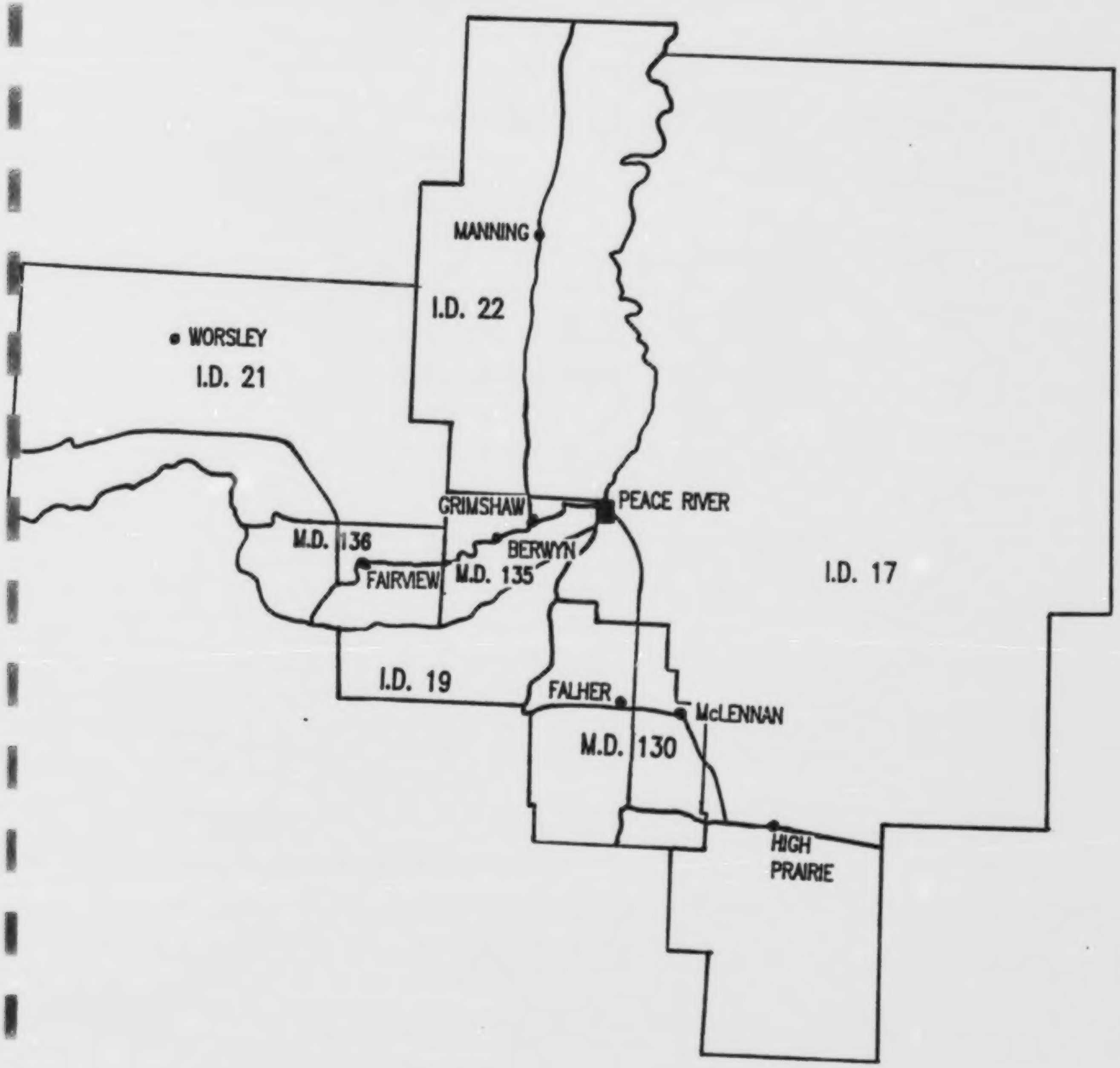
Alberta
CANADA

HEALTH UNITS
LOCAL BOARDS OF HEALTH
1980

COLOURED AREAS DENOTE HEALTH UNITS
• HEALTH UNIT HEADQUARTERS

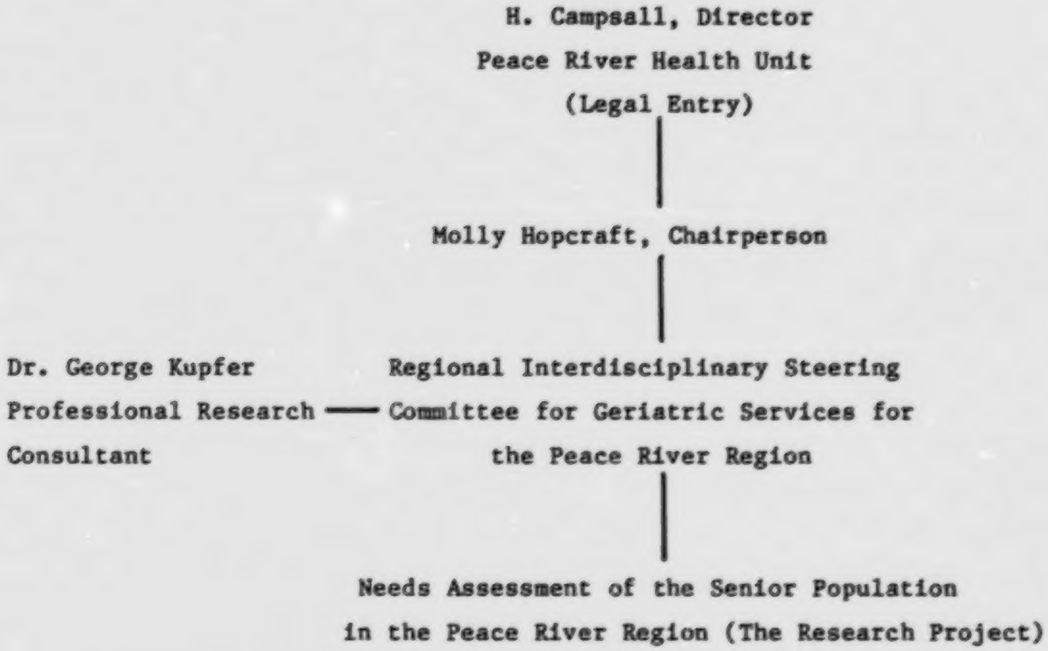
MAP 1

PEACE RIVER HEALTH UNIT NO. 21


MANNING
I.D. 22
WORSLEY
I.D. 21
GRIMSHAW
PEACE RIVER
M.D. 136
BERWYN
FAIRVIEW
M.D. 135
I.D. 17
I.D. 19
FALHER
McLENNAN
M.D. 130
HIGH PRAIRIE

MAP 1A

Flow Chart Depicting Lines of Authority



H. Campsall, Director
Peace River Health Unit
(Legal Entry)

Molly Hopcraft, Chairperson

Regional Interdisciplinary Steering
Committee for Geriatric Services for
the Peace River Region

Dr. George Kupfer
Professional Research
Consultant

Needs Assessment of the Senior Population
in the Peace River Region (The Research Project)

Phases II, III and IV were funded through the following grants:

1)	Alberta Senior Citizens Bureau Grant	$14,000.00
2)	Northern Alberta Development Council Grant	$15,000.00
3)	Peace River Health Unit	3,000.00
4)	Manning Hospital Board	1,500.00
	Total	$33,500.00

All participating members of the Steering Committee gave freely of their time. All agencies which were represented at the Committee table also donated services of staff and facilities; thus the estimated cost of this far surpasses the grants.

METHODOLOGY

2.0 METHODOLOGY

2.1 Introduction

As stated earlier, the project was divided into six phases. Each phase and its related methodology will be discussed below.

Throughout the entire project the process of review and direction by the Steering Committee was most important. At various technical stages the advice of professional consultants was called upon to clarify and assist the Committee. The intent was to produce a practical report which would be useful for future planning processes.

Following Phase I, a Co-ordinator was hired by the Committee. The Co-ordinator's responsibilities were to prepare materials for the Committee to review, to manage the interviewing stages of Phase II and to generally conduct the administrative duties associated with the project. The Co-ordinator was under the direct supervision of the Geriatrics Committee.

2.2 Phase I - Seniors Registry

At the initial meetings of the Geriatrics Co-ordinating Committee it was soon discovered that no agency had a record of or knew exactly how many seniors there are in the Peace River Health Unit area. Demographic studies conducted by both the Northern Alberta Development Council (1983) and the Peace River Health Unit (1984) estimated approximtely 3,000 - 3,500 individuals over the age of 60 in the area.

The Committee decided that if possible it would identify all individuals over 60 years of age in the district. Northern Development offered the full time services of a Pre-Employment Program worker under the supervision of a Senior Northern Development Officer. From September to December of 1985 the data were collected.

The worker contacted:

(1) All Senior Citizen organizations, clubs, etc. in the area and requested their membership lists,

(2) All nursing homes, lodges and auxiliary hospitals were contacted and asked for their client lists,

(3) The Peace River Health Unit Home Care nurses and community workers were contacted and asked to identify senior individuals in their communities,

(4) Family & Community Social Services departments in the area were contacted and their lists requested.

Lastly, many names were provided by word-of-mouth. Three thousand names were collected. The information which consists simply of a name and mailing address and source of contact was stored on the IBM Personal Computer at the Northern Development Offices. It is considered confidential and currently only for use with this project. The discrepancy of approximately 500 was expected since the demographic figure estimates of 3,000 - 3,500 were based on the 1981 population figures. Only individuals who were on agency or organizational lists were identified. Thus the non-participant senior would not be identifiable.

The Registry was found difficult to establish and to keep up-to-date but as a preliminary identification tool it has proven invaluable. Difficulties with maintenance stem from deaths, migrations and new entries into the age group.

The Registry, if established on a permanent basis would require at the minimum a biennial update by checking with source agencies and organizations.

2.3 Phase II Research Design, Training & Agency Summary

Following Phase I the Geriatrics Committee decided to contact through a random sampling method, a sample population of seniors in the Peace River Health Unit Area to solicit their perceptions and views on various strategic areas. This "needs assessment" was seen as the best method of fulfilling the Committee's purpose and objectives.

Prior to the sampling a great deal of work was done by the Committee and the Co-ordinator to ensure that the proper sampling instruments were produced. A literature review of pertinent information was conducted and the findings utilized in the preparation of the seniors questionnaire.

All agencies which provide services and programs to seniors in the Peace River Health Unit area were identified and their programs listed (see Volume III). Twenty key agencies were interviewed personally by the Co-ordinator and the findings which appear in Section 4 of this report were also utilized in the design of the sampling seniors questionnaire. An agency questionnaire was designed to assist in the agency interviews. It should not be confused with the senior questionnaire which was developed later to be administered solely to seniors.

The seniors questionnaire which may be found in Appendix A was derived in the following manner:

> A brainstorming session was held with the Committee at which time Committee members identified areas to be investigated. The Committee agreed the purpose of the questionnaire was to solicit perceptions of service needs from seniors and perceptions of dependence and independence needs.

Following this session a preliminary draft questionnaire was devised by the Co-ordinator. The literature review and the agency findings were also taken into account.

The questionnaire was returned to the Committee for revisions. The second draft was then pre-tested several times and the appropriate revisions made. The instrument was sent to Fresh Start Consulting for Consultation. The Director of Research & Analysis for the Northern Alberta Development Branch also reviewed the document. McQ Enterprises was also requested to review and revise the document.

After each review the appropriate changes and revisions were made until the final document was derived.

2.4 Phase III Survey of Seniors

In order to ensure that the proper methodology was utilized in the survey McQ Enterprises, social research consultants was asked to review the instrument and to design the sampling procedure.

The following design was produced and followed.

The survey was to be conducted by personal interviews. Interviewees were selected at random such that there was proportional representation of all seniors in the study area in terms of:

a) Geography - The Peace River Health Unit area was subdivided into 8 sub-areas (see map 2).

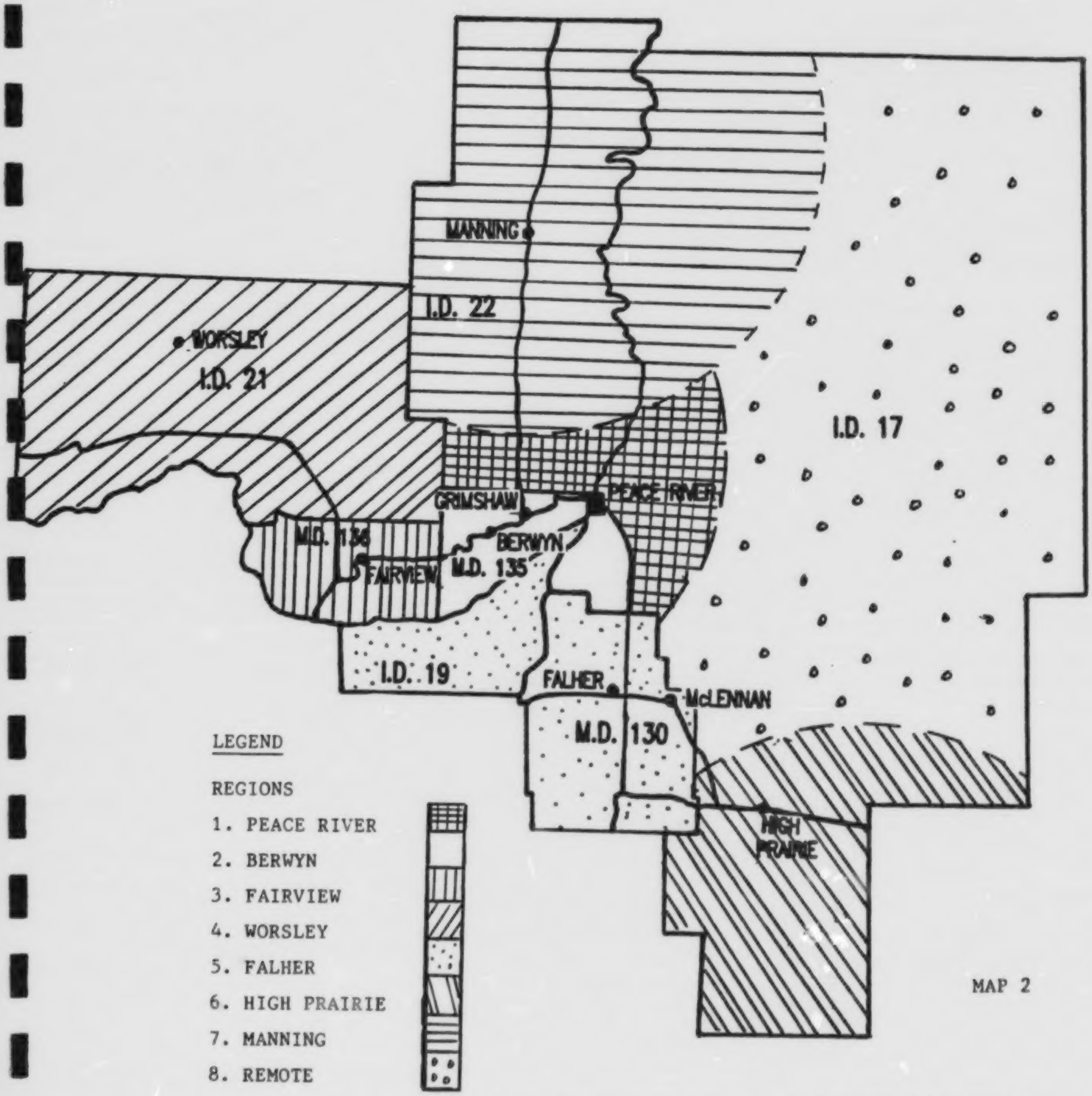
b) Type of Residence
(Private, Lodge, Nursing
Home, Auxiliary Hospital)

Proportional representation was preferred as results would best reflect the perceptions of all seniors in the study area; that is, the input of each senior interviewed would be of equal value.

Geographic representation was determined by the existing proportion of seniors in each sub-area which also corresponded with Peace River Health Unit sub-offices in most cases.

A "Senior" was defined as an individual over the age of 65. The Committee accepted this age since benefits begin at 65, although the Senior Registry utilized age 60.

PEACE RIVER HEALTH UNIT NO. 21


MANNING
I.D. 22
WORSLEY
I.D. 21
I.D. 17
GRIMSHAW
PEACE RIVER
BERWYN
M.D. 136
FAIRVIEW
M.D. 135
I.D. 19
FALHER
McLENNAN
M.D. 130
HIGH PRAIRIE
LEGEND
REGIONS
1. PEACE RIVER
2. BERWYN
3. FAIRVIEW
4. WORSLEY
5. FALHER
6. HIGH PRAIRIE
7. MANNING
8. REMOTE

MAP 2

NOTE: Boundaries were not rigid when sampling was done. This map is provided as an estimate.

Residence representation was determined by the existing proportion of seniors in each residence type within the study area. Where all residence types were not available within a District, interviewees were assigned proportionally to Districts where such residences exist.

The sample size was determined, by practical considerations, to be 10% of the total estimated senior population in the study area. The total senior population in the study area was estimated at 3,500. The sample size is thus 10% of 3,500 or 350.

This number, 350 interviewees, could be managed by the volunteer interviewers available in the area. Also, this number would provide a good indication of seniors' preferences. Special interviews in remote communities would also be conducted. Fifty-three in Keg River, Caracjou, Cadotte Lake and the Little Buffalo area. These interviews were conducted by Community Health Workers and often in Cree. The Remote communities were treated as the eighth region.

FIGURE 1 shows the number of seniors that are to be interviewed in each type of residence.

FIGURE 1 - PROPORTIONAL REPRESENTATION BY TYPE OF RESIDENCE

TYPE OF RESIDENCE	NUMBER OF SENIORS IN STUDY AREA	NUMBER OF SENIORS TO BE INTERVIEWED
Total	3,500	350
Private	3,040	304
Nursing Homes	234	23
Lodges & Seniors Apartments	151	15
Auxiliary Hospitals	75	8

FIGURE 2 Shows the percentage of seniors in each District

FIGURE 2 - PROPORTIONAL REPRESENTATION BY DISTRICT

DISTRICT	ESTIMATED NUMBER OF SENIORS IN EACH DISTRICT	PERCENTAGE OF TOTAL NUMBER OF SENIORS IN EACH DISTRICT
Peace River	462	13.9
Falher	1,057	30.21
Worsley	222	6.34
Manning	541	15.45
High Prairie	506	14.47
Fairview	431	12.32
Berwyn	281	8.02
TOTAL	3,500	100.00

FIGURE 3 indicates the number of seniors to be interviewed in each District, in each type of residence. Note that where a type of residence is not available in a District, the interviewees are distributed proportionately to those Districts where there is that type of residence available.

FIGURE 3 - NUMBER OF INTERVIEWEES BY DISTRICT AND BY TYPE OF RESIDENCE

DISTRICT	TYPE OF RESIDENCE	NUMBER OF INTERVIEWEES				DISTRICT TOTALS
Peace River	Private	40				54
	N H		7			
	Lodge			2		
	Aux. Hospital				5	
Falher	Private	95				101
	Lodge			6		
Worsley	Private	19				19
Manning	Private	47				49
	Lodge			2		
High Prairie	Private	44				54
	N H		8			
	Lodge			2		
Fairview	Private	38				48
	N H		8			
	Lodge			2		
	Aux. Hospital				3	
Berwyn	Private	24				25
	Lodge			1		
TOTALS		307	23	15	8	350

N H = Nursing Home

Aux. Hospital = Auxiliary Hospital

Once the number of interviews needed for an accurate sample had been established the Project Co-ordinator returned to the Senior Registry and employing a random number system selected 350 names from the list. The task was a tedious one but accurate random selection was paramount.

Throughout the sampling and questionnaire design it was assumed the sampling would be conducted by personal interviews. The questionnaire when pre-tested took approximately 45 - 60 minutes to complete.

Requests were made through local media for volunteers. These requests were viewed as serving a triple purpose: promoting and creating awareness of the project, identifying a network of individuals concerned about seniors, and identifying volunteers to conduct the interviews.

See Appendix B for detail of the volunteer effort.

The response was overwhelming. Forty-nine volunteers came forward and approximately 526 man hours were freely given to interviewing. To prepare the volunteers for this task, all interviewers were asked to attend a day-long training session.

Both the Co-ordinator and the Consultant conducted the first training session; subsequent training sessions were conducted by the Co-ordinator. These sessions allowed for a review of interviewing techniques and a common understanding among the volunteers.

The interview stage was most productive with 350 interviews completed in the developed areas and 53 completed in remote communities. The refusal rate was less than 1%. Indirectly the interviews also acted as an outreach program since 400+ individuals were interviewed, made aware of programs available to them, and in some cases identified to the Health unit as "at-risk" and in need of assistance.

All interviewers commented to the Co-ordinator that the experience was a pleasant and worthwhile one. Many thoroughly enjoyed their visit with the seniors.

2.5.1 Phase IV Analysis and Report

Following the interview stage, the 400+ questionnaires were collected and data entered by the Co-ordinator into an IBM PC computer. The firm of Nichols Applied Management was commissioned to develop a computer program to organize and analyze the data.

The amount of data was overwhelming. Preliminary analysis consisted of frequency distributions for all variables. Frequency distributions were conducted on all the data as an aggregate group, excluding the 53 remote cases and then again by regional groupings.

The 53 remote cases were considered as a region but were separated from the aggregate group since they were considered by Committee members to exhibit qualities very different from the accessible regions.

Following the preliminary examination of the data, McQ Enterprises was asked to organize and format the information in order to facilitate comparisons between regions and to provide the Committee and the reader with easily readable interpretation of the data.

Section 5 contains the charted data and summary of findings.

Section 6 is an attempt to summarize and suggest program directions from the data.

Phase V and VI are not contained in this report as previously noted. These Phases are viewed as action stages which may stem from this report in the long term.

LITERATURE REVIEW

3.0 LITERATURE REVIEW

3.1 Introduction

In order to develop the appropriate questionnaire and to address the findings of the surveys, the Committee requested that a literature review be conducted with the specific focus of identifying materials related to programs for seniors and literature which referred to the seniors in Alberta with emphasis on northern Alberta.

The literature was divided into three major divisions:

a) general perspectives on aging which discuss the theories of aging from the physical, behavioral and economic perspectives

b) a wealth of Albertan literature which recognizes Alberta's aging population and reviews program delivery to the group, and

c) a minimal amount of literature which focuses specifically on the needs of seniors in northern Alberta.

3.2 General Perspectives On Aging

The scientific discipline dealing with the older person and the aging process is approximately three decades old (NADC 1983, Senior Citizens Bureau 1980) and thus a relatively new science. Since the late 1970s there has been an increasing awareness of the need for more information regarding the biological, social and economic effects of aging both from the clinical and the social perspective.

James Birren (1984) in his review of research on aging indicated that "the principal goal of research on aging was to promote health and wellbeing by extending the vigorous and productive years of life .... and that in the next decade there will be a marked acceleration in the development of theory and modes regarding aging ..."

At present there are five accepted theories of aging which deal with individuals and their interaction with society:

a) Disengagement Theory suggests that aging is a process whereby society and the aged individual, in preparation for the individual's impending death and in response to losses in old age, mutually withdraw from each other (Arctic - MacKenzie Consultants, 1976). In the early development of social gerontology, this was a widely accepted theory; however, it has since been disclaimed by many because it encourages withdrawal from society and the community.

b) The Activity Theory suggests that people will try to continue living according to the patterns of their middle years as long as possible, despite the effects of the aging process (Third Career Research Society, 1976). If an activity must be given up, a substitute activity is found which brings satisfaction. The activity theory is most often used as a guide when developing programs for the elderly. However, Henry & Cunning (1959) suggest this theory denies old age as a stage in its own right with different qualities from those of middle age.

c) The Continuity Theory suggests that a person attempts to maintain familiar and habitual patterns of aging throughout life; however, a person can be flexible in modifying these patterns to respond to psychological, biological, and social changes that occur later in life (Third Career Research Society, 1976). Change is seen as a process involving interactions among all these elements (NADC 1983).

e) The Accommodation Theory states that adjustment to retirement begins when an individual first begins to consider retirement and lessens when that individual has new roles which are non-work, and new patterns of behavior (NADC, 1983).

It is important that one review these concepts since the theoretical perspective embraced may strongly influence the development and implementation of programs. No one theory can completely explain aging in modern society but an awareness of the theories may assist in the evaluation of perspectives and reactions given by seniors.
The multi-dimensional development perspective can be employed to explain much of what is known about old age. The developmental perspective acknowledges that aging is a set of multi-dimensional processes experienced continuously throughout life.

For example, Figure 4 describes the sociological dimension of aging through the life cycle and the movement from one stage to another over the life span. Here, the typical individual proceeds from the childhood and adolescent stages of the life cycle to a stage of independent living and household formation, family formation, child rearing, empty nest and retirement.

FIGURE 4

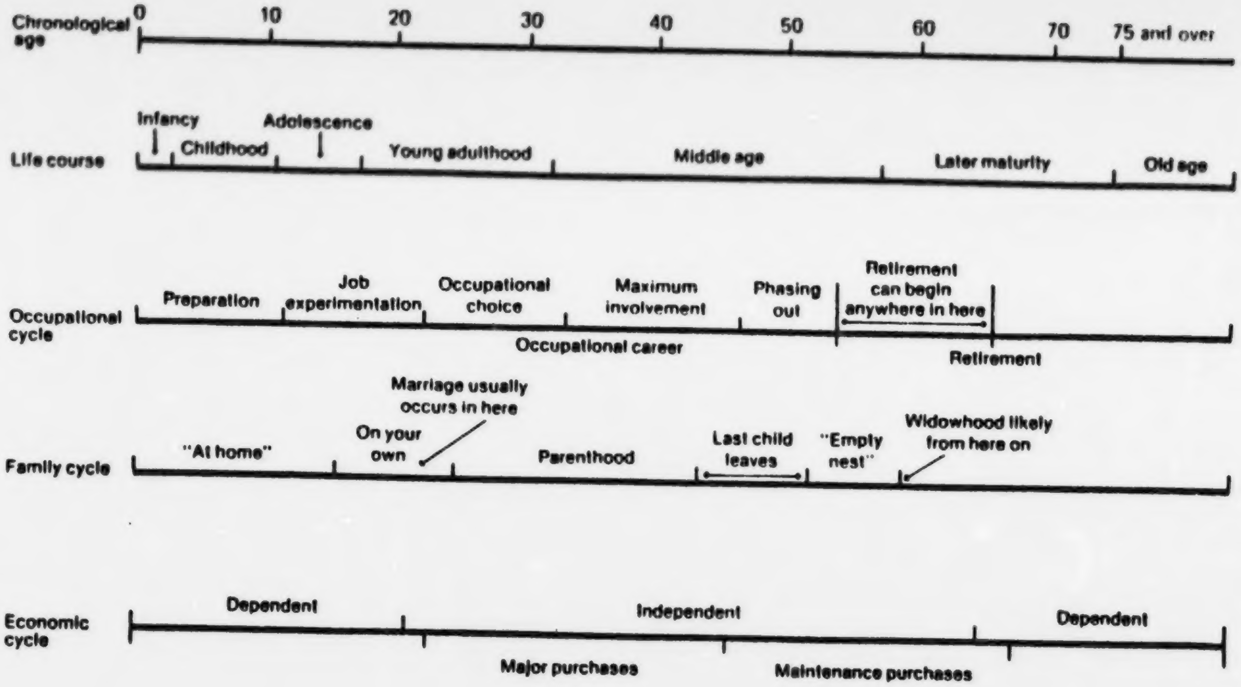

Chronological age
0
10
20
30
40
50
60
70
75 and over
Life course
Infancy
Childhood
Adolescence
Young adulthood
Middle age
Later maturity
Old age
Occupational cycle
Preparation
Job experimentation
Occupational choice
Maximum involvement
Phasing out
Retirement can begin anywhere in here
Occupational career
Retirement
Family cycle
"At home"
On your own
Marriage usually occurs in here
Parenthood
Last child leaves
"Empty nest"
Widowhood likely from here on
Economic cycle
Dependent
Independent
Dependent
Major purchases
Maintenance purchases

Figure 4: Selected dimensions of life cycle. From Robert C. Atchley, 1975, "The Life Course, Age Grading, and Age-Linked Demands for Decision Making", in Nancy Datan and Leon H. Ginsberg (eds.), Life-Span Developmental Psychology: Normative Life Crises. New York: Academic Press, p.264.

FIGURE 5

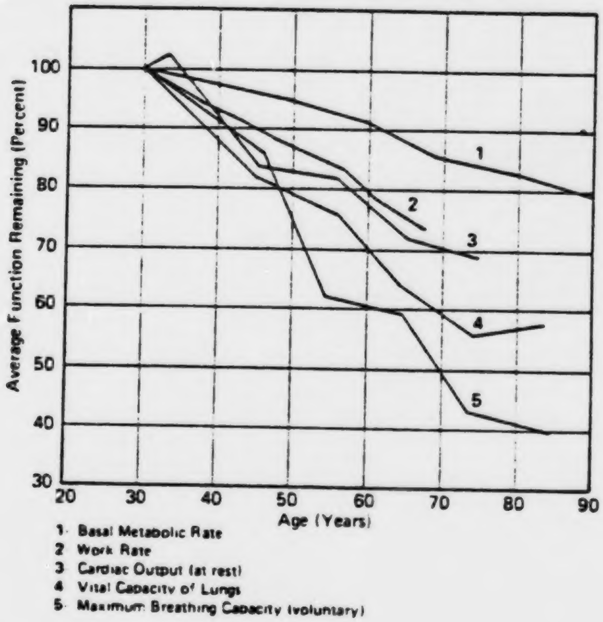


Figure 5: Selected dimensions of life cycle From Robert C. Atchley, 1975, "The Life Course, Age Grading, and Age-Linked Demands for Decision Making," in Nancy Datan and Leon H. Ginsberg (eds), Life-Span Developmental Psychology: Normative Life Crises. New York: Academic Press, p. 264.

A good example of the developmental perspective and one which is particularly relevant to gerontological study is the dimension of physiological functioning. Medical and biological evidence demonstrates that physiological functioning declines gradually over most of the adult life span often beginning as early as age 30. For most people, then, the basic behavior patterns and ways of life are not dramatically disrupted until the very late years of life or when one experiences severe health problems (see Figure 5).

Health problems can be defined as either chronic (lasting a long time, such as arthritis) or acute (a short-term problem). Most elderly people are coping with some form of chronic illness; approximately 85% of the older population in the United States report at least one chronic condition. However, only 15% find themselves seriously debilitated because of chronic health problems. In Alberta it is estimated that 15-20% of the elderly may be "at risk" and in need of services due to either physical or mental frailty or both (Harewood, 1981). Acute health problems are more serious for older people because of the cumulative impact of their many gradual physiological declines.

The physiological view of aging highlights the problem of defining clearly the stage of old age and characterizing it precisely. It is no longer viewed as a period of senility but rather a period of changing physical ability with several stages within the period. Within this period the elderly require specific needs varying with their stage of biological aging or senescence. The elderly have been identified as the group over 65 years of age but within the age cohort there are recognized three distinct groups, young-old (65 - 74), middle-old (75 - 84) and old-old (85+) (Family Services of Alberta, 1984). These age breakdowns can be further related to their biological aging process.

In the later phases of senescence three significant changes can be observed. First there is a deterioration of critical organs and systems of the body and thus heightened vulnerability to disease.

A second major change is the loss of muscular strength and associated changes in the nervous system that may result in circulatory problems within the brain. The third change and, perhaps most relevant is the loss of sensory acuity such as sight and hearing. These changes can have important implications for health care delivery programs as to the type, variety and frequency.

In the past 10 years research into aging has also focused on the delivery of services to the elderly, their needs and the cost benefits of delivery. A recent conference on aging, between the United States and Japan, identified several future areas of research in the delivery area:

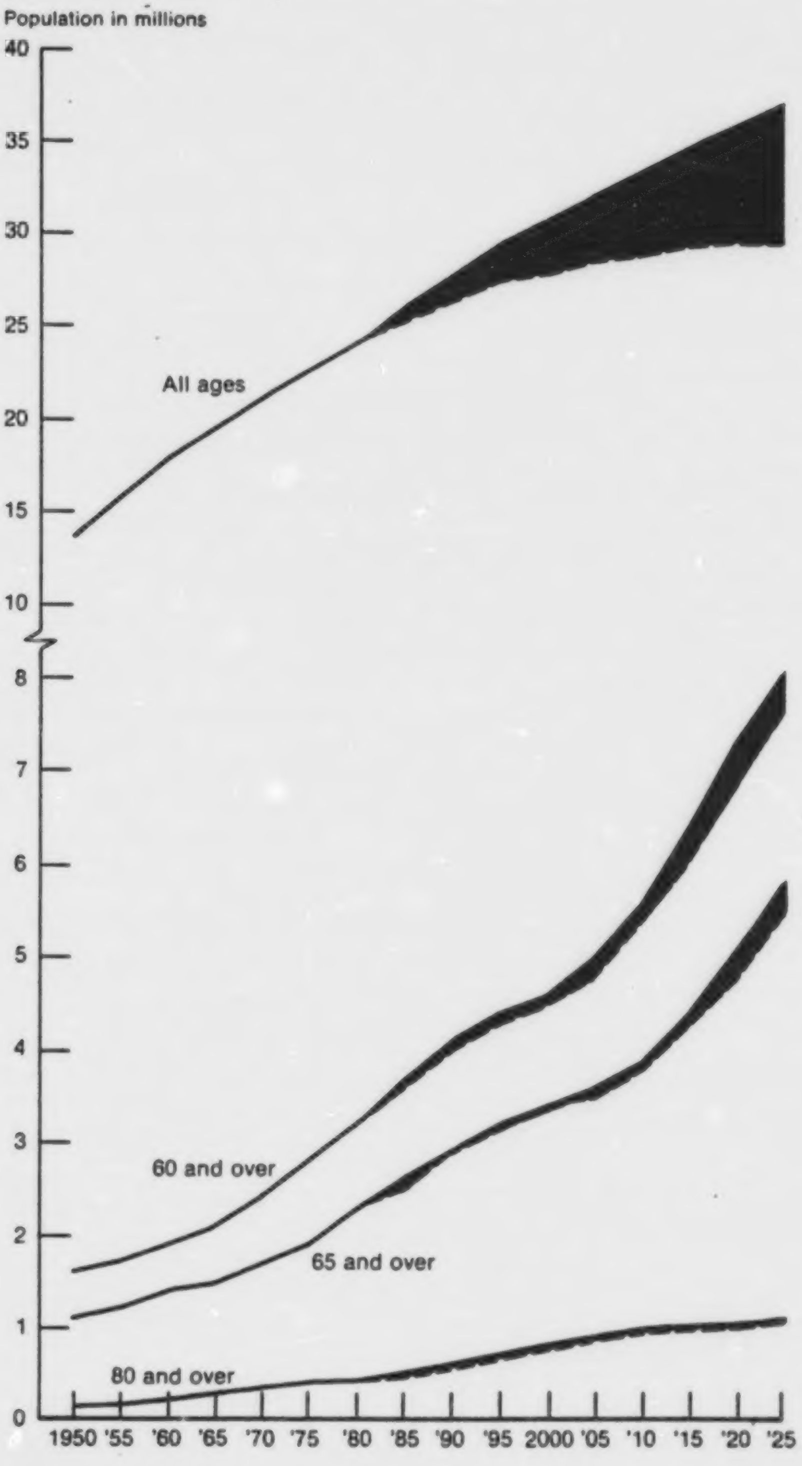
1. the need for more appropriate and cheaper ways of delivering health care to older persons, and
2. the effects of rationing scarce resources and shifting funds from acute care to other forms of care (East-West Center, 1984).

A rural elderly needs assessment conducted in Georgia, U.S.A. (Allen, 1980), expressed a need for greater consultation with seniors prior to program implementation and design. This view was also echoed at the U.S. - Japan Conference on Aging. Delegates noted:

> Four principles were suggested, as applying in all countries, to support and guide political policy development
>
> 1. Rely on community - its social structure, values, and culture as natural resources for program development.
> 2. The design of demonstration, experimental and model programs must be in harmony with traditional institutions of a society.
> 3. Programs should be undertaken that are sensitive to the diverse needs of different age groups and which are in harmony with each other.
> 4. Humanistic concerns should be the guiding force in confronting the challenges of aging (not economics).
>
> Dignity and well-being of a person should be the policy goal.

Chart — 2

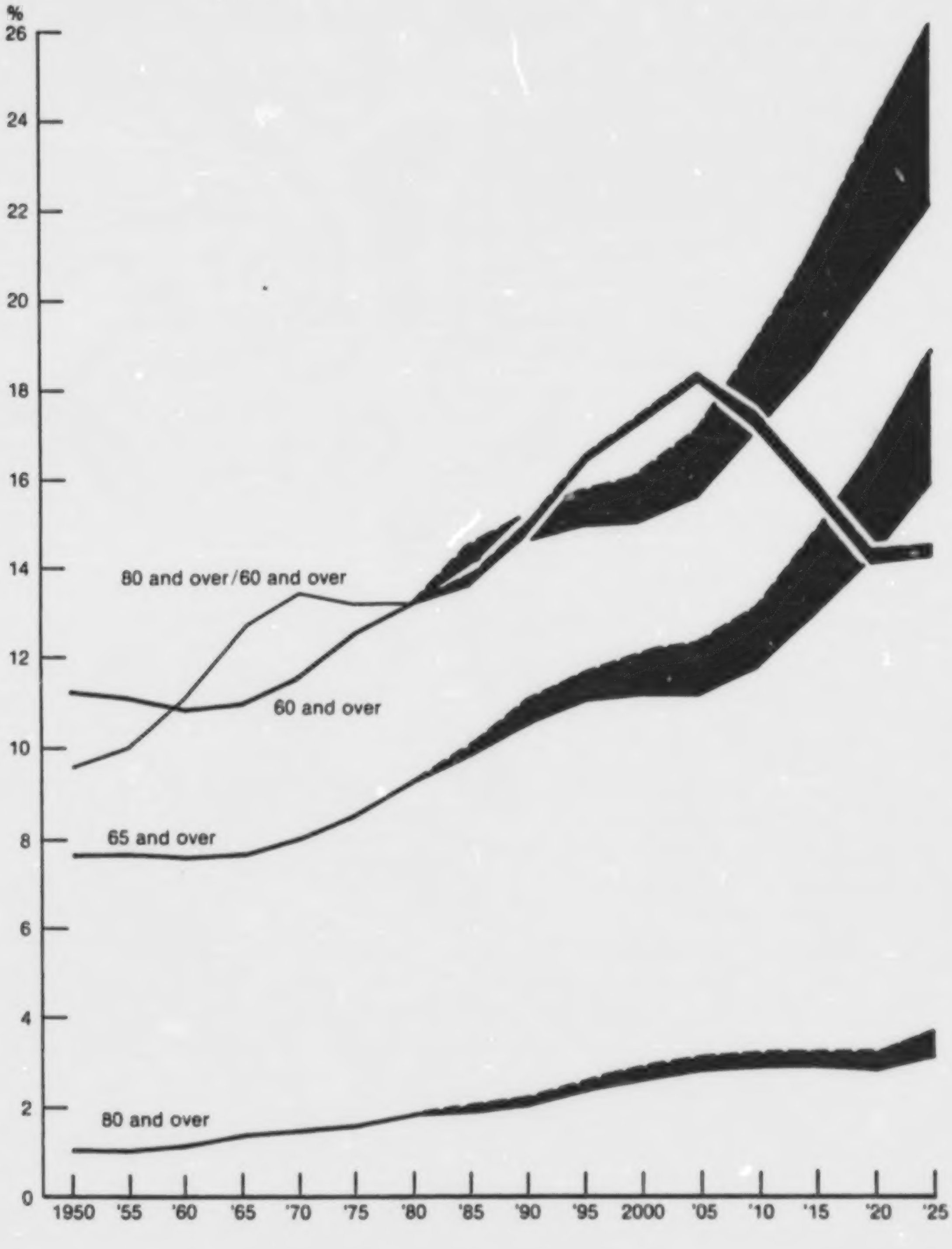
Population in Selected Age Groups, Canada, 1950 to 2025



Source: Statistics Canada, Estimates and Projections (Demography Division).

Chart — 3

Percentage of the Total Population in Selected Age Groups and the Percentage Aged 80 and Over in the 60 and Over Population, Canada, 1950 to 2025



Source: Statistics Canada, Estimates and Projections (Demography Division).

Canadian literature similar to the American literature covers the general theories of aging and the recognition of an aging society. Stone & Fletcher (1981) have produced an excellent demographic document identifying Aspects of Population Aging in Canada. Charts 2 and 3 reveal the projected aging society in Canada. The United Nations defines a country as "old" when more than 8% of the population is over 65. Canada achieved this status in 1971 when the census of Canada revealed 8.1% of the population was over the age of 65. The Globe and Mail on June 5th, 1985 indicated from a recent report on seniors by Statistics Canada that in the year 2006 "Canadian society will be substantially different from what it is today. Four million Canadians will be elderly by the turn of the century and their number will exceed seven million by 2031 when they will reach an astonishing 27% of the population."

With such impending demographic changes, it soon becomes paramount that new approaches to aging and programming delivery will have to evolve to meet the upcoming challenges.

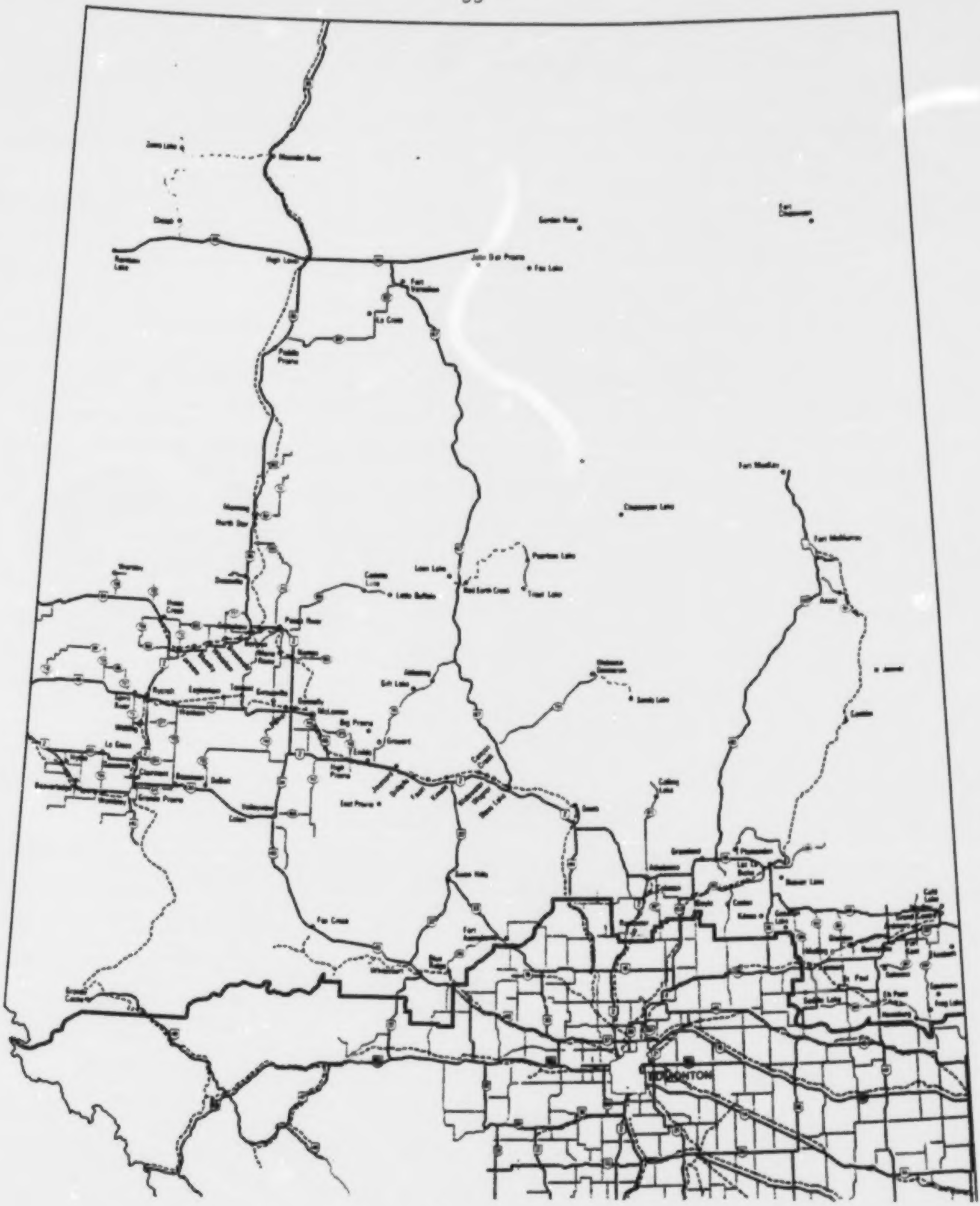
3.3 Literature from Alberta

The project required a careful review of literature pertaining specifically to the Alberta senior population. In many cases the literature was of an unpublished nature but researchers were delighted at the amount of good, practical information available for review. The Bibliographies provided by the Alberta Senior Citizens' Bureau (1980) are highly recommended to anyone wishing to review the state of the elderly population in Alberta. The 1980 Bibliography outlines 11 major topic areas:

1. housing and accommodation
2. medical concerns
3. health care programs
4. the financial situation
5. education
6. drug and alcohol uses
7. demographic trends
8. specific programs
9. needs surveys
10. mental health
11. institutional care

These subject areas also reflect the major program areas in existence for seniors in the province. Many of the papers were written in response to the identification of a problem or in preparation for program revision.

Older Persons in Alberta: Their Use of Program and Services, a 1984 publication by the Albeta Senior Citizens Bureau contains the most recent demographic data on the older population as well as information on available utilization and expenditures regarding programs and services. The following summarizes the demographic data contained in the 1984 report:



NORTHERN ALBERTA DEVELOPMENT COUNCIL AREA

COMMUNITIES WITH POPULATION OVER 75 (1981 CANADA CENSUS)

PRIMARY HIGHWAY SECONDARY ROAD L.O.C. ROAD RAILWAY

PRODUCED BY THE ALBERTA BUREAU OF SURVEYING AND MAPPING © 1985

In 1981, Alberta had 163,390 persons 65 years-of-age or more; this constituted 7.3% of the total population.

- Projections show an increase to 299,900 persons between 1981 and the year 2006.

- In 1981 the average life expectancy at birth in Alberta was 71.4 years for males and 78.6 for females.

- Albertans are living longer - in 1981, 38% of the elderly were 75 years old and 9% were 85 years old. By the year 2006 persons 75 and over may be 43% of the senior population and those 85 and over may represent 10%.

- In 1981 there were 14,920 more older women than men. Women were 55% of the senior population.

- Close to two-thirds of Alberta's seniors were living in a family situation.

- Between 1971 and 1976 the percentage of those living in an extended family decreased by over two percentage points (1981 figures are not available).
- The proportion of seniors living alone especially older women, is increasing.

- There was a slight trend toward increasing urbanization of the older population between 1966 and 1981.

- Smaller urban and rural non-farm areas had higher concentrations of those over 65 than either of Alberta's two major urban areas - Edmonton and Calgary.

At this point the intent is not to enter into a detailed review of the demographics of the aging Alberta population but to indicate that Alberta has a population which is "growing older". The increasing proportion of persons living to 85 years and over, will have implications and ramifications for policy makers. The old-old age cohort (85+) has needs which can be very different from the young-old group (65-74). Programming may require some specific tailoring.

Many of the reports reviewed identified three groups of seniors: young-old (65-74), middle-old (75-84) and old-old(85+). The needs and interests of each group also varied. The old-old groups were often identified as having greater health care needs than the young-old. The 1984 Symposium entitled "The Future of Community Support Systems for Seniors" which was held in Edmonton identified several major trends:

(1) the increasing numbers of seniors in the 75 and 85 age group

(2) the increasing proportions of women as one moves from young-old to old-old age groups. Since women use a lot more health services than men the proportionately high number of women in the old-old group make that a very expensive group

(3) one third of women 65+ live alone and experience severe loneliness

(4) older persons fear violence

(5) with the rapid pace of family change, increasing incidence of separation, divorce, children's marriages, there is much confusion about family structures. The significance of this is underlined by the consideration that a family or its equivalent is the most important means of staying out of an institution.

(6) Co-ordination of services is another recurring problem. Special note is also taken of old people in rural communities which face a lack of services and a lack of transportation. (This was noted specifically for its implications to Northern Alberta.)

and

(7) "Richer is Better". Satisfaction levels were often influenced by the level of income.

The second outstanding theme of Albertan senior literature relates to program and policy development. This material has been developed since 1980 onwards in response to proposed government policy changes. It addresses attempts at co-ordination, evaluation and development of alternative programs for seniors. Alberta is at a crossroads in its attempts to effect cost-benefit measures to improve the quality of care to the senior population. Many of the background reports are reviews of quality-of-care literature. For example, Bennett's (1981) paper entitled Long Term Care for the Elderly: Issues and Alternatives A Literature Review prepared for the Department of Hospitals and Medical Care summarizes, as the title implies, selected literature regarding major problems in the delivery of long term care to the elderly and reviews alternative solutions to the problem. The publication (Bennett, 1981) indicates that the major problems affecting the delivery of long term care health services for the elderly are as follows:

1. Negative attitudes toward the aged and aging even from physicians

2. Lack of adequate knowledge about the research

3. Lack of alternative methods of care resulting in over-use and/or mis-use of institutions

4. Lack of adequate assessment and classification of physical, mental and emotional status

5. Lack of appropriate placement

6. Lack of co-ordination among existing services

7. Lack of common philosophy, regarding the provision of long term care services among providers and professionals in the field

The review also notes: "Crisis situations develop quickly in the elderly because of increased physical, emotional and mental vulnerability. It is therefore, especially important that the elderly receive the right services, in the right place, at the right time. Lack of co-ordination of services provides results in the elderly often being placed where there is an immediate opening rather than where services are most appropriate."

A sub-theme within the policy area literature focuses on institutionalization. In Canada, 9.6% of those over 65 years are in institutions. In the U.K. 5% of those over 65 are in institutions. The U.K. system applied in Alberta would see 7,500 fewer Albertans living in institutions.

There has been a strong movement across Canada and the U.S. toward deinstitutionalization. Home care programs are seen as alternatives in some cases. These programs tend to create greater independence for the elderly and maintain the much needed dignity and wellbeing. The literature stresses that home care programs must not only provide support for the older person but also for families, who may bear the greater part of the care-giving load. Home care programs have recently been expanded in Alberta and Health Units are presently in the process of revising their programming based on needs reviews.

The Hyde Report (1983) entitled Recommendations of the Nursing Home Review Committee has been most instrumental in bringing about changes in Alberta Provincial policy regarding the institutionally aged. The Report itself, presents an excellent overview of Alberta Nursing Homes and a comparison in the national context. The policy and costs of nursing homes in each Canadian province are reviewed and compared to Alberta. As a direct result of the Hyde Report, several major changes have taken place such as a new Nursing Home Act 1985 and new regulations. A new placement model for seniors requiring protective care is also about to be pilot tested. It is anticipated that the new model would ensure seniors who are in need of services receive the proper services and are appropriately placed. These new policy developments are positive steps toward co-ordination of services in Alberta.

Engelmann (1985) called for "ways of developing joint efforts in the planning and delivery of health and social services." The present Long-Term Care Committee, a joint effort between Hospitals and Medical Care, Alberta Social Services and Alberta Housing and Mortgage Corporation is an excellent example of co-ordination attempts.

Several articles (Snider, 1976) caution against the over reliance of seniors on physicians. Snider (1976) in Health and Related Needs of the Elderly when trying to determine how aware seniors are of health and related facilities discovered that "clearly the elderly are not aware of many available health and related services and facilities. Over-reliance on physicians was also seen. Snider called for improved geriatric training for physicians in conjunction with such programs as nurse practitioner, home care, and the more rational use of non-physician health and related facilities. Ebert and Kerr (1979) also advocated greater training for community health nurses in geriatric programs. In the same article, Ebert and Kerr make five key recommendations regarding programming for seniors in Alberta:

1. All health units should establish geriatric registers, and make surveillance and assessment visits to elderly people in their communities.
2. In all contacts with the elderly, community health nurses should emphasize disease prevention and health education.
3. Knowledge and understanding of the elderly should be greatly increased in basic and post-basic nursing education programs.
4. Support services which will help to maintain elderly people in their own homes should be available throughout the province.
5. Mechanisms for the co-ordination of services at the provincial and local levels should be developed.

The Ebert-Kerr study also identifies eight basic need areas of the elderly:

(1) health
(2) independence
(3) dignity
(4) money
(5) meaningful awareness
(6) intimacy
(7) familiarity
(8) medical services

Another area which is often commented upon is the "Elderly at Risk". Ebert-Kerr (1979), profiled the characteristics of seniors at potential risk:

a) over 75 years of age
b) living alone or socially isolated
c) having locomotor problems
d) recently bereaved -- within the past two years
e) those with potential malnutrition
f) recently discharged from hospital
g) recently rehoused
h) incontinent
i) mentally confused.

Harewood (1981) goes as far as to suggest that a statutory declaration, while a person is competent, could provide a basis for planning the future should incapability to make decisions later occur.

An "at-risk registry" of seniors is also recommended as a means of networking with seniors.

Community involvement is a fifth major theme of the Albertan literature. The Alberta Council on Aging (1983) through its Project Involvement Community Work with Seniors in Alberta promoted increased involvement of senior citizens in mainstream activities of community life. Three pilot community-based studies were conducted in the province, Cold Lake-Grande Cache, High River and Edmonton. All three projects involved seniors identifying their problems and seeking the solutions to their community-based issues. The projects gave seniors a greater feeling of participation in their environment.

The involvement of seniors in the decision-making process regarding design and implementation of programs is another dominant theme in the literature. Seniors should actively be members of decision-making committees.

Peer Counselling is another area in which seniors are helping seniors. There is definitely a view in the literature that seniors can help one another and should be taking a larger role in the development of their programs.

The Alberta Senior Citizens Bureau (1981) challenges community organizations: "As the number of retired persons increases in our population the need of retirees to become involved in meaningful activity either paid or unpaid is going to increase. Therefore, there is a challenge to ALL community organizations to assess or reassess roles for older persons in their programs."

The Alberta Provincial Senior Citizens Advisory Council Annual Report (1983) quotes the Hon. Monique Begin former Federal Minister of Health and Welfare as stating: "The 9% (Canadian rate of institutionalization) in institutions might not have to be there if community services existed. The development of community services would have cost benefits." Thus, a role for the senior and the community in the development and implementation of programming is proposed by the literature.

3.4 Literature from Northern Alberta

There is very limited literature which relates specifically to seniors in northern Alberta. The geographical area defined as northern Alberta is the area covered by the Northern Alberta Development Council (see map 3)

In 1983, the Northern Alberta Development Council prepared a report entitled, The Over 65 Population in Northern Alberta. This report was produced in response to public briefs submitted to Council, the need to review conclusions and implications of relevant research, and in response to some of the conclusions of specific health-related workshops and seminars held in northern Alberta. It covers the major theoretical social postulates of aging, and highlights the demographics of an aging northern population. The report comments on the recommendation of the Alberta Nursing Home Review Panel (1982) and the implications for northern Alberta.

This report identifies the northern demographics of the population as follows: "Demographically, the number of seniors is on a sharp incline both in Alberta as a whole and the NADC area. Between 1976 and 1981 the increase in Alberta's 65+ age cohort was 16% and estimates call for a doubling by the year 2001. Although the northern areas have traditionally been viewed as a young population area, recent 1981 Census materials indicate areas with 20-30% of their populations in the 65+ cohort. The smaller urban centres are experiencing the pressures of seniors moving in from rural areas."

In 1980, a major overview of the health care system was completed by Dr. Morton Warner and Associates. This was not a medical study per se but rather a review from a social-health and community perspective. The Health Needs in Northern Alberta study identified the needs of the aging population as an important northern health concern in several regions. The philosophy behind this study was that interdisciplinary co-operation was strongly needed in coming to grips with many of the "service" needs of northern Albertans. A "Health Needs" workshop was held involving 100 northern health and community personnel and they also reinforced the notion of interdisciplinary approach to community health problems.

In 1982, the NADC Council and the Alberta Alcohol and Drug Abuse Council commissioned a major study on alcoholism needs in the north entitled Alcoholism: Strategies for Northern Alberta. This review employed a community consultation method. It clearly identified that there is a problem with many senior citizens and alcohol. The community workshop held at the conclusion of the project reinforced that an interagency approach and community involvement is critical if progress is to be made.

From the above literature relating to the North, six major issues which affect northern seniors can be identified:

1. The vast distances and widely dispersed northern population pose several problems to the delivery of services. In many cases the full range of services available to most urban seniors is not available to northern residents. Many northern seniors, when faced with institutionalization, are forced to relocate in communities which could be up to six driving hours from their home communities and family. In order to alleviate this problem, many institutions not suited for one level of care are servicing several more serious levels in order to keep individuals in their communities.

2. Home care programs in the North are extremely expensive since the deliverer must cope with dispersed populations in the rural areas and costs of extensive travel.

3. The upper third of the Northern Alberta Development Council area is unserviced by nursing homes or other adequate auxiliary facilities. There are no medical institutions for seniors north of Peace River. Gaps in the level of care continuum are evident in the North.

4. The northern areas have an increasing senior population with very high percentages in several communities.

5. Special medical treatment requires leaving the North for either Edmonton or Calgary. This experience is often traumatic.

6. There is a shortage of trained medical personnel in the North to service the general population never mind address the very special needs of the elderly.

Generally, the North, due to its isolation and underdevelopment, faces unique problems regarding its seniors. Urban models do not often work in the North or at least require modifications with extra budgetary consideration.

Thus as the northern population ages it will be the challenge of northerners to explore the needs of their seniors and interpret the needs vis-a-vis innovative programming which maximizes the budget expenditures.

AGENCY QUESTIONNAIRE

4.0 ANALYSIS OF AGENCY INTERVIEWS AND QUESTIONNAIRES

4.1 Introduction

From the initial stages of the project the Geriatrics Committee required two vital pieces of information for its baseline data - a registry of seniors and a list of agencies that provide services to seniors. The following section deals with these 34 agencies in the Peace River Health Unit area.

Services range from Home Care to spiritual guidance. Volume III of this project contains a listing of each agency, the service it provides, the area it serves and a contact person. The list was compiled with the intent that it would be of use to practitioners in the field and to seniors seeking information.

Once a preliminary list of agencies had been compiled, the Geriatrics Committee requested in-depth one-hour interviews be conducted with key agency personnel. Agencies included were selected based on their commitment to programming for seniors. In most cases, the majority of each agency's program delivery had to involve seniors and/or deliver special programs for seniors. Twenty interviews were conducted. (Note: These interviews were conducted in September, 1985, and programming may have changed since the original interview and the release of the document.)

The Geriatric Committee, in conjunction with the researchers, devised the questionnaire which appears in Appendix A as a guideline for the interviews. The Committee was interested in the agencies' perceptions of problems, if any, in program delivery to seniors in the Peace River area, and in future plans for programming. Agencies were specifically asked to identify gaps and stumbling blocks to programming. The Committee was also very interested in the information needs of agencies.

The following summarizes the responses to each of the questions. No agency or person is specifically identified since anonymity and confidentiality were guaranteed.

4.2 Summary of Responses

4.2.1 Position

Question: What is your position with this organization?

In all cases an individual of authority was interviewed, a manager, director, etc.

Question: How long have you held this position?

On the average the agency person had held the position for approximately 4.5 years. There seems to be stability with the group.

4.2.2 Area

Question: What area does your organization service?

The area boundaries of the organization varied drastically from Peace River to all of northern Alberta but, in the majority of cases, the areas served were multi-community.

4.2.3 Programming Utilization

Question: What proportion of your programming is geared toward seniors? How many seniors utilize these programs (Estimate)?

Figure 6 indicates the percentage response when given, along with an estimate of the number of seniors served.

Figure 6 Proportion of Programming for Seniors

	Questions	
AGENCIES INTERVIEWED:	#4 Proportion of Program Geared Towards Seniors	#6 Number of Seniors Using Program
1. Community Services	?	c. 100
2. AADAC	5%	No figures on hand
3. Homemakers'		25 clients
4. Alberta Mortgage & Housing Corporation	60%+	459 + small no. of seniors in community housing (low rentals)
5. Alberta Council on Aging	100%	15% know about Council on Aging 3% of seniors are "aware" of what it is all about
6. Senior Citizen Centre	100%	c. 100 members
7. Medical Health Services	5%	No figures on hand
8. Grimshaw/Berwyn Hospital	60%	3 patients have auxiliary beds Do not know how many seniors use facility
9. North Peace Foundation (Lodges)	100%	237 and 43 more units coming on stream this year
10. Co-ordinated Home Care Program	75 - 80%	230
11. Ministry		25 parishioners + visiting with seniors
12. Social Services & Community Health - Income Securities - Social Allowance	Very Few	No figures on hand
13. McLennan Hospital & Nursing Home	Nursing Home 90%	No figures on hand
	Hospital 25%	No figures on hand
14. Villa Beausejour Senior Citizens Lodge, Falher	100%	58
15. Heart River Foundation (Lodges)	100%	No figures on hand
16. Alberta Culture - Grande Prairie	20%	No figures on hand
17. Consumer & Corporate Affairs, Peace River	10%	25% of seniors in area have contacted the office or someone on their behalf
18. Respiratory Services - Grande Prairie	75 - 80%	400
19. Office of Public Guardian - Grande Prairie	40%	40 including public and private guardianship
20. Manning General Hospital and Nursing Home & Auxiliary Hospital, District # 70.	70%	approximately 70% of seniors in area, some to High Level, some to Peace River.

4.2.4 Existing Programmming

Question: The study deals with the needs of seniors, the 65 and older population. Within your organization, what existing programs do you deliver for individuals in this age group?

See Volume III for a complete detailed listing.

4.2.5 Future Plans

Question: Does your organization have any future plans for programming for seniors?

The responses to this question were of a mixed nature. Many agencies indicated they were not originators of programs and that direction came from central offices in Edmonton. If this is the case, one can appreciate the literature references for greater co-ordination. One can also realize the difficulties in attempting to devise programs specific to the needs of "northerners".

The following responses indicate areas where agency personnel would like to have future plans and are in some cases working toward their implementation. (The reader is cautioned not to regard them as programs that have already been funded.)

(A) Medical Care

A physiotherapy department was viewed as a top priority by the several hospitals as well as opthalmologist service.

Grimshaw/Berwyn and Manning Hospitals also indicated the need for extended care beds.

The McLennan Hospital has an addition in the planning stages for both hospital and nursing home.

Mental health was also an area identified as requiring closer co-ordination and liaison. There is a need for closer liaison between mental health services and area hospitals, thereby becoming more involved with the psycho-geriatric population.

(B) Accomodation

An adequate number of self contained units for seniors were seen as future possibilities.

Several senior citizen centres have building funds which could be utilized in the future.

The role of lodges requires clarification. Agency personnel indicated a need for new lodges since seniors wish to remain in their communities, and want single room accommodation.

(C) Services

It was suggested the handyman service of the Home Care Program needed to be increased keeping a very clear distinction between real needs and luxury services.

Transportation as a service was a topic area addressed repeatedly yet with very few concrete plans.

(D) Senior Centres

Senior Centres would like to offer more recreational programming such as curling, fishing, carpet bowling, fitness, aerobics, etc. The Centres would also like to offer programs dealing with foot care and reflexology.

(E) Spiritual

The Ministerial Associacion has discussed in the past and continues to discuss a chaplain for seniors.

Various church groups conduct visits to the auxiliary hospitals and nursing homes, with plans to continue this service.

(F) Educational

The Alberta Council on Aging plans a regional conference for seniors to be held in northern Alberta in spring of 1986.

Peace River educational institutions would like to see seniors take greater advantage of adult educational programs.

Generally the above, although identified as future plans, can also be regarded as gap areas but specifically focused. A question regarding gap programming was asked and the summary of responses is as follows.

4.2.6 Gaps in Programming

Question: Do you perceive any gaps in programming for seniors? If so, what are they?

- Many interviewers noted the spectator role of seniors. Seniors seem to be on the spectator side of recreation and into the "crib and bingo" syndrome. The gap or challenge lies in bringing new ideas to the forefront to entice seniors to engage rather than disengage.

- A major area of concern is in regard to seniors who are lonely, and depressed. Most agencies believed there are seniors in the communities who require help but who were not getting it either because they themselves are unaware of the services or they have not been placed on an agency list. Information dissemination to seniors seems to be a distressing gap. As one agency noted, "There is a terrible gap in getting information to the seniors, not because the information is not there, but because there is a big problem getting it to the people who need it".

- Seniors also bear part of the responsibility in that they are not informing each other and they are not active in the planning processes. There seems to be a large communication gap.

- In the area of communication, several key points were also made regarding Native people. Much of the information does not reach this group. The Native seniors do not participate in senior centre organizations. Also, Native and ethnic seniors often do not speak English or they have difficulties reading in English and many seniors in the Peace Region are illiterate. Thus, the written word faces barriers in reaching seniors.

- An agency which requires special emphasis on information dissemination is the Peace River Health Unit. Many agency personnel were not aware of the specific programs and "co-ordinating" activities of the Health Unit. Thus, a lack of information on the part of the agencies themselves is seen as a gap to successful programming.

- Several agencies identified a gap in the specific area of Mental Health. Presently, mental health workers face heavy work loads regarding the youthful population. They recognize the gap in service to seniors but do not have a geriatric nurse in the Peace Region.

- Most medical delivery agencies noted the confusion on the part of seniors and the public in the levels of care for seniors versus the correct placement in institutional accommodation. Confusion exists between what the levels are, what type of care institutions deliver and who should be in them. Repeatedly, the interviewer heard of cases where nursing home patients were in lodges, where auxiliary patients were in acute facilities, etc. In summary, the lack of a full range of facilities in northern communities and the desire to keep seniors in their communities has compounded this difficult question.

- Preventive care for seniors is another gap area. The monitoring of the senior who is at-risk is limited and often non-existent. The agencies all noted that they often provided services after the fact.

- The North's vast and sparsely populated areas cause numerous problems with delivering the service, forcing seniors to relocate, and forcing seniors who could remain independent with transportation into dependency. It also isolates the senior who requires institutionalization from community, family and peers.

- Lack of variety in recreational programming at senior centres was also noted as a gap.

4.2.7 Stumbling Blocks

Question: What are the stumbling blocks to delivering programs in the gap areas that you have identified?

- The most general comments regarding stumbling blocks were those regarding budget constraints, lack of manpower, and the vastness of the area.

- These, as well as constant staffing problems, and shortages of trained personnel are typically northern issues.

  Specific comments were aimed at the image of the senior who sees himself as the individual who is behind the times, and on the fringes looking in. Agencies felt seniors themselves portrayed this image and would often not stand up for themselves or had fears and suspicions regarding government programs.

- Agencies also recognized delivery overlaps as a problem. Clients may be served by several agencies unknown to one another.

- Physicians, and the heavy reliance of seniors on physicians as their sole referral source, was seen as a stumbling block. Because seniors often do not seek help elsewhere, the physican is the ultimate source of information.

- Of paramount concern to most program deliverers in the North, was the question of distance and the misunderstanding, or lack of knowledge, on the part of policy makers, regarding the North and its unique character. Many do not realize the independent nature of the northern senior. The North's seniors are the homesteaders who opened the land. In many cases these individuals are suspicious of government. They are not familiar with bureaucratic red tape. When a job is to be done, they believe nothing should stop it from being achieved.

4.2.7 Needs of Seniors

Question: Are you familiar with the general programs offered within the Peace River Health Unit area for seniors?

Yes___ No___

Sixty five percent of the agencies responded with an affirmative; 10% responded negatively and 25% indicated some knowledge of the Health Unit's work with seniors but were unsure what that was. Thus, at least 35% of the sample was not fully aware of the major health programs delivered in the region.

This would indicate lack of co-ordination and awareness.

The question was also asked What would you say are the needs of seniors? What sorts of things do seniors need that are not presently being delivered?

A list of specific need programs were given by the interviewees. The following is the list of excellent concepts.

Quality of Life

- Seniors need quality of life.
  If able, seniors need to be allowed to look after themselves rather than be forced into another step in the ladder of health care.
- Seniors need, and should be assured, that they will be able to maintain their dignity no matter which part of the Health Care system they are in.
- Rather than having progressive steps to dying, maybe there needs to be integration like the program where handicapped children are mixed with normal children.
- Seniors need to have a say in what is happening in their lives and also what is happening within the institutions where they live. Some seniors are frightened of the person in authority.

- In their own minds, getting services and keeping their dignity and independence are important. Seniors have a tendency to need help, but to be too proud to ask for it; they are stubborn.
- Seniors deserve respect and the agencies should be able to provide this. Call them "Mr. & Mrs.", not "dearie & sweetheart", etc. Talk to them as if they understand, even if they do not.
- Seniors must deal with "now", and not the past, but often we will not let them.
- Seniors are most depressed when their families do not visit them, or visit very little.
- Seniors need to be more useful.
- Seniors need to be more involved with their families and community life.

Medical Needs

- Seniors need better access to medical assistance.
- Seniors need foot care programs.
- Seniors need eye care and hearing programs. Some can get glasses and hearing aids, but they need "a lot" more help in using them properly and making sure they are a proper fit and prescription - example: it is common to have two or three hearing aids all in the top dresser drawer.
- Care of eyes and ears needs to start much, much earlier.
- Seniors need a number to call in case of an emergency; this one is particularly important for those living alone (mentioned two times).

Accommodation Needs

- Seniors need a safe place to live.
- Seniors need to stay in the community for extended care services.
- Seniors hate leaving their own communities.

- Seniors need facilities that are properly designed so that they can get around easily - example: no stairs; ground level is the best solution.
- Seniors need multi-level institutions.
- Lodges must create a healthy atmosphere for residents.

Transportation Needs

- Many seniors need transportation.
- Seniors cannot get out to special events unless somebody picks them up.
- The mini-bus in Peace River does not meet the needs of some seniors because of the hours of operation.

Financial Needs

- Seniors need more meals at a reasonable cost.
- Seniors do not have enough money.

Outreach Programs (Preventative)

- Visitors "friendly" program needs a lot of expansion.
- Handyman service needs expansion & overview (mentioned two times).
- There is a need for a volunteer services co-ordinator.
- Seniors need an "adoptive grandparent" program.
- There is a real need to have rap sessions between young people and seniors about life and living; and some of the problems that seniors had when they were young people (mentioned two times).
- Programs are good, but there is nobody to make sure that a program is working the way it is supposed to; as a result, seniors are taken advantage of and ripped off.
- There is a whole segment of the senior population who are not getting access to seniors' programs or to programs from agencies.

- Some seniors need to be re-integrated to normal life in a community.
- One of the biggest problems of seniors is loneliness.
- Seniors need to be more aware of the home care program so that they can get into it before they have a great medical need.
- There has to be a way to meet seniors' nutritional needs; a lot of seniors eat downtown - soup, or whatever they can afford.
- We need "meals on wheels" for more seniors.

General Programs

- Seniors need to be educated about seniors. The general public also needs to be educated about seniors.
- There is a big need for female seniors to take training in decision-making and financial matters - often they have never done very much on their own so that when they lose their spouses they are totally lost. This is not as big a problem for men.
- Seniors need to be stimulated or motivated to do something other than sit. Motivation is one of their biggest problems.
- We need to motivate seniors to use the seniors' drop-in centre.
- Seniors need help with facility management; they need to share ideas
- seniors need information geared specifically towards them in larger print, with repetition.
- Different languages have to be acknowledged.
- Seniors need support as long as possible, with necessary care, in their home environment.
- Seniors need to stay in their own communities and homes as long as possible and they need to be visited often.

4.2.8 Information Needs

Question: From an agency point of view, what information would help you in developing your programs for seniors?

The following were identified:
(1) a contact list of seniors
(2) a list of seniors who would be able to help seniors on short notice.
(3) The number of seniors in the region
(4) greater co-ordination, discussion and information sharing among agencies

Question: Would a Central Registry be of any use to your organization?

Seventy-five per cent indicated they would welcome a registry and utilize it when necessary while 25% felt it would not be of use. Several indicated it would be difficult to maintain a list due to the relocation and changes which occur in the lives of seniors.

Question: Would a list of Agencies and Organizations be useful?

Eighty per cent responded affirmatively to the creation of an agency list. Twenty per cent felt it would be a waste.
The 80% felt it would help in co-ordinating agency directions and in helping seniors find the correct program.

Question: Would you be interested in meeting once or twice a year?

Ninety percent of the agencies responded yes while 10% responded negatively.

Those who indicated yes said they would be interested only if it were productive and well-organized.

4.3 Summary and Conclusions

From the Agency questionnaires, several general observations can be made:

1. There appears to be a need for greater communication and coordination among the service providers. A sharing and awareness of programs would be beneficial to all.

2. The image or perception of the senior requires improving by the deliverer of programs, by the general public and by the seniors themselves. Greater awareness and acceptance of the aging process is needed. Preventive care and awareness programming is needed to inform the individual of his/her options and of the programs available.

3. Specific program needs such as handiman services, and meals on wheels were identified by agencies. All programs identified had one common element, they encouraged the seniors to be independent and/or to remain in their environment for a longer period.

4. Distance to clients and programming and policy which originate from Edmonton are the two stumbling blocks to program deliverers. What may work in a highly populated urban area oftentimes will not work, or functions with a great deal of difficulty in the North.

5. Remote communities receive limited program delivery and often require a different approach.

SENIORS' QUESTIONNAIRE

5.0 ANALYSIS OF SENIORS QUESTIONNAIRES

As stated in the previous section, extensive personal interviews were conducted with seniors in the Peace River Region. Over 400 seniors were interviewed. The following chapter presents the findings of the questionnaire conducted with the seniors. The reader is encouraged to review the questionnaire which appears as Appendix A.

The computer programming for the analysis was prepared by Nichols Applied Mangement while McQ Enterprises tabulated and presented the information.

In order to present the information in a useful way, particular questions were related directly to the specific objectives of the study.

Objectives one to six are reviewed to refresh the reader.

Objective 1 - to describe the senior citizen population

Objective 2 - to describe the utilization of health care services by senior citizens

Objective 3 - to describe the opinions of seniors regarding present services

Objective 4 - to identify services required to keep senior citizens independent for as long as possible

Objective 5 - to describe seniors' housing conditions and identify their future housing requirements

Objective 6 - to identify seniors' information needs

Questionnaire responses are grouped under each objective to present information in a useful format. Data pertaining to each sub-section of each objective are shown together so that comparisons between regions can be easily made. The data are listed under seven specific regions: Peace River, Berwyn (Berw.), Fairview (Fairv.), Worsley (Wors.), Falher, High Prairie (High Prair.), and Manning (Mann.). The column marked Agg. represents the Aggregate (average) number of the seven regions. The last column, Remote, represents the responses from remote and/or isolated Communities. These responses were treated as an eighth region, although they were not included in the Agg. group since they exhibited unique trends.

Data pertaining to each subsection are presented in chart form followed by a brief summary of written responses with sample responses as appropriate. (Note: in those questionnaires completed by personal interview, the term "written responses" to record the oral responses of interviewees were actually written by the interviewers, not the respondents.)

For example, Subsection 5.1.1. includes general information on respondents as requested in questions 1, 2, 3, 4, 5, 6, 7, 8, 9 and 10 of the questionnaire. Numerical information collected by questions 1 to 9 are presented in chart form. Written responses as collected by question 10, are summarized in paragraph form after the chart and include sample written responses.

Observations on the information collected are made at the end of each section.

5.1. Description of Respondents

The first objective (to describe the senior citizen population) is divided into sub-sections as follows. Each sub-section contains specific information collected by the questionnaire. Question numbers which apply to each sub-section are indicated in brackets.

5.1.1 General Description (Questions 1 - 10)
5.1.2 Health Status and Concerns (Questions 22 and 53 - 60)
5.1.3 Preferred Activities (Questions 110 - 117)
5.1.4 Life as a Senior (Questions 122 - 124)
5.1.5 Income (Questions 128 - 130)

Data pertaining to each sub-section are presented in chart form followed by a brief summary of written responses. Observations on the data are made at the end of this section.

SECTION 5.1.1. GENERAL DESCRIPTION
(Questions 1 to 9)

Information on Respondents	Peace River	Berw.	Fairv.	Wors.	Falher	High Prair.	Mann.	Agg.	Remote
Total Number	54	25	48	19	101	54	49	350	53
Average Age								74.6	76.3
% Females	61.1	76.0	72.3	73.7	62.4	72.2	53.1	65.3	47.1
% Males	38.9	24.0	27.7	26.3	37.6	27.8	46.9	34.7	52.9
MARITAL STATUS									
% Married	42.6	48.0	58.3	52.6	51.5	44.4	57.1	50.6	49.0
% Widowed	53.7	40.0	33.3	47.4	40.6	48.2	36.7	42.6	45.1
% Single	3.7	0.0	4.2	0.0	6.9	3.7	4.1	4.3	2.0
% Divorced	0.0	8.0	2.1	0.0	1.0	3.7	2.0	2.0	0.0
% Other	0.0	4.0	2.1	0.0	0.0	0.0	0.0	0.6	3.9
EMPLOYMENT									
% Unemployed	90.7	80.0	95.8	84.2	95.0	96.3	93.9	92.8	94.3
% Full-Time	7.4	12.0	4.2	10.5	2.0	3.7	4.1	4.9	2.9
% Part-Time	1.9	8.0	0.0	5.3	3.0	0.0	2.0	2.3	5.8
LANGUAGE PREF.									
% English	74.1	96.0	72.9	89.5	21.8	55.6	71.4	58.0	21.2
% French	5.5	4.0	0.0	0.0	75.2	1.9	6.1	24.0	0.0
% Ukranian	9.3	0.0	8.3	0.0	1.0	16.7	12.2	7.1	1.9
% Cree	1.9	0.0	0.0	0.0	1.0	18.5	0.0	3.4	76.9
% German	3.7	0.0	14.6	10.5	0.0	0.0	2.0	3.4	0.0
% Other	5.5	0.0	4.2	0.0	1.0	0.0	8.2	4.0	0.0
% Speak English	98.1	100.0	100.0	100.0	87.1	100.0	95.9	95.4	60.4
% Read English	92.6	100.0	93.8	100.0	84.2	86.4	89.8	90.0	49.1
Average School Grade Completed	7.9	9.6	7.6	8.2	7.5	7.1	7.0	7.6	2.8

NOTES:

1. aggregate information is from all regions except "Remote".
2. All numbers, except Total Number, Average Age and Average Grade, are % of total respondents.

Written Responses on General Description (Question 10).

Many respondents are the original pioneers of the Peace River area and came to northern Alberta after having some education in other countries or elswhere in Canada.

Sample responses included:

- I finished Grade 6 in Canada and Grade 2 in Sweden.
- Went to school in England.
- In Russia went to school.
- Went to school in Saskatchewan.

Some respondents expressed regret that they were not able to have more schooling. Respondents explained that 60 to 70 years ago, for most people in northern Alberta, this was impossible.

Sample responses included:

- Went to work after Grade 8, shortage of money for further education.
- Was the oldest in the family and was needed at home.
- Would like more education but it's too late.
- There was no school.
- School was too far away.
- Had to work.
- Had no use for school.
- The War interrupted my education.

SECTION 5.1.2.HEALTH STATUS AND CONCERNS
(Questions 22, 55, 57, 59)

Information on Respondents	Peace River	Berw.	Fairv.	Wors.	Falher	High Prair.	Mann.	Agg.	Remote
Total Number	54	25	48	19	101	54	49	350	53
Self-Assessed Health Status:									
Good	48.1	72.0	39.6	52.6	37.6	44.4	59.2	46.9	38.5
Satisfactory	40.7	28.0	54.2	36.9	50.5	24.1	24.5	39.4	57.7
Poor	11.2	0.0	6.2	10.5	11.9	31.5	16.3	13.7	3.8
Have Plans For Future Health Needs:	23.5	8.0	15.2	27.8	12.0	34.0	10.2	17.8	5.9
Would Move From Community For Health Reasons:									
Yes	64.2	88.0	54.4	42.1	57.0	51.8	61.2	59.0	28.3
No	20.7	4.0	39.1	26.3	35.0	42.6	28.6	30.9	64.2
Not Sure	15.1	18.0	6.5	31.6	8.0	5.6	10.2	10.1	7.5
Willing To Move:									
less than 30 mi	64.2	88.0	54.4	42.1	57.0	51.8	61.2	59.0	28.3
less than 60 mi	39.6	32.0	19.6	36.8	30.0	35.2	51.0	34.4	24.5
less than 90 mi	34.0	32.0	19.6	15.8	22.0	31.5	32.7	26.9	20.8
more than 90 mi	20.8	32.0	6.5	10.5	14.0	18.5	10.2	15.3	15.1

NOTES:
1. All numbers, except for Total Number, are % of total respondents.

Written Responses to Health Status and Concerns
(Questions 53, 54, 56, 58, 60)

Many respondents said they would move into a nursing home or lodge if they lost their health.

Sample responses included:

- I will stay at home for as long as possible and then go to a nursing home if necessary.
- If I lost my health I would probably move into a lodge or nursing home.
- Would go to the lodge in Fairview.
- I think I would move into a lodge or nursing home depending on my state of health.

Some have not thought about losing their health and do not like to think about it.

Sample responses included:

- I have no plans.
- I'll cross that bridge when I come to it.
- I have lots of energy and will keep going as long as I can. I have no foresight of playing out.
- I prefer not to think of this and live day-by-day.

Some thought their family would look after them.

Sample responses included:

- If my wife couldn't look after me, I would die. I love my independence.
- My family would take care of me.

Some thought it would be unfair to ask their relatives to look after them. Sample responses included:

- Wouldn't want to live with children because it isn't fair to them.
- One thing for sure, I wouldn't want to burden my children.
- Would never want to impose on my family.

Although many respondents stated that they would move for health reasons if absolutely necessary, most of these felt strongly that they would not like to leave their communities.
Sample responses included:

- I'll live where I am until I die.
- Would move only if I had no choice.
- I wouldn't want to move to another community.

In the Falher region, a few respondents emphasized that if they had to move out of their community, it would have to be into another French community.
Sample responses included:

- Wouldn't want to move to another community but if I really had to, it would have to be to a French community.
- Would move someplace where there is French.

Seniors from remote areas, most of whom are Native, showed a marked difference from other respondents in their attitude toward their health status. Firstly, almost no one had thought about making any plans for when they might not be able to care for themselves. Secondly, if was assumed that their families would take care of them if they needed help. Thirdly, most Native seniors would only consider moving out of their community for health reasons for a short time, never to live in another community permanently. It was clear that all respondents placed great value on their independence and would do whatever they could to remain as independent as possible, for as long as possible.

SECTION 5.1.3.PREFERRED ACTIVITIES
(Questions 110 to 116)

Information on Respondents	Peace River	Berw.	Fairv.	Wors.	Falher	High Prair.	Mann.	Agg.	Remote
Total Number	54	25	48	19	101	54	49	350	53
Would Like The Following Activities:									
Visiting	70.4	56.0	58.3	78.9	55.4	51.9	67.3	60.6	26.4
Meeting Younger People	51.9	48.0	45.8	57.9	44.6	20.4	49.0	43.7	18.9
Cultural Recreation	37.0	28.0	31.3	31.6	34.7	33.3	40.8	34.6	20.8
Physical Recreation	38.9	32.0	29.2	36.8	39.6	22.2	28.6	33.1	15.1
Planning Senior Services	31.5	20.0	27.1	47.4	25.7	27.8	30.6	28.6	17.0
Volunteer Work	24.1	24.0	20.8	36.8	24.8	20.4	36.7	25.7	11.3
Part-time Job	1.9	8.0	4.2	15.8	2.0	9.3	16.3	6.6	15.1

NOTE:

1. All numbers, except for Total Number, are % of total respondents.

Written Responses on Preferred Activities (Question 117)

Some respondents have physical handicaps which prevent them from participating in activities.
Sample responses included:

- Am unable to become involved because of health problems.
- Health doesn't permit me to work.
- Would like to be active but due to my health, I can't go out.
- Difficult for me to get around. I used to like walking.
- I'm just interested in getting my leg fixed up.

Some respondents indicated that they were too busy to participate in more activities.
Sample responses included:

- I belong to a lot of organizations at present (CWL, Nursing Home Aux., L of CA, visit shut-ins, church, sing in choir). Neighbors have plenty to keep me busy. Do a lot of handwork and sewing, also have a big garden and canning to do.
- I am keeping very active as it is.
- I have too much now, I can't keep up.

A few said they would like to do more things but did not have the necessary transportation.
Sample responses included:

- If we had transportation of some kind I would love to be involved.
- Would if I had transportation.

A few said they didn't feel like doing much anymore.
Sample responses included:

- I'm too old to do these things now.
- At present, not interested, don't feel up to it, too tired.
- Am not really interested in that much.

SECTION 5.1.4. LIFE AS A SENIOR
(Questions 122 to 124)

Information on Respondents	Peace River	Berw.	Fairv.	Wors.	Falher	High Prair.	Mann.	Agg.	Remote
Total Number	54	25	48	19	101	54	49	350	53
Expected Life as a Senior to be as it is:	62.0	60.0	80.0	88.9	79.0	64.7	75.0	73.4	92.3
Have Prepared for Life as a Senior:	37.0	44.0	41.7	47.4	51.5	57.4	55.3	48.9	9.6
Comments on Expectations Were Concerned With:									
Health	28.6	9.1	28.0	20.0	11.1	34.4	9.1	20.2	38.7
Finances	00.0	00.0	00.0	10.0	5.6	00.0	0.0	1.6	00.0
Family Changes	17.1	4.5	8.0	20.0	11.1	9.4	6.1	10.4	6.5
No Comment	28.6	36.4	12.0	10.0	16.7	15.6	15.2	19.7	9.7
Contentment	20.0	36.4	44.0	40.0	38.9	28.1	57.6	37.3	41.9
Other	5.7	13.6	8.0	00.0	16.7	12.5	12.1	10.9	3.2

NOTE:

1. All numbers, except for Total Number, are % of total respondents.

SECTION 5.1.5.INCOME
(Questions 128 to 130)

Information on Respondents	Peace River	Berw.	Fairv.	Wors.	Falher	High Prair.	Mann.	Agg.	Remote
Total Number	54	25	48	19	101	54	49	350	53
Responded to Questions on Income:	98.0	100.0	100.0	100.0	98.0	96.2	95.8	98.0	98.0
Have Adequate Income:	96.2	95.8	83.3	89.5	83.2	75.9	85.4	85.6	34.6

NOTE:

1. All numbers, except for Total Number, are % of total respondents.

OBSERVATIONS REGARDING SECTION 1, DESCRIPTION OF RESPONDENTS

1. The average age of respondents in Remote (76.3) was higher than respondents from developed areas (74.6).

2. In all areas, with the exception of Remote, there were more women respondents than men. In the Berwyn Region, 76% of respondents were women.

3. About half of the respondents were married and almost half were widowed. There are very few respondents who are single or divorced. Berwyn has the highest per cent (8.0%) divorced and Falher was the highest per cent (6.9%) of single respondents.

4. The majority of respondents were unemployed with Berwyn having the greatest per cent (20%) employed and High Prairie having the least (3.7%).

5. English is the preferred language in most communities with the exception of Falher and Remote. In Falher, the preferred language is French (75.2%) and in Remote, the preferred language is Cree (76.9%). High Prairie has a relatively low percentage (55.6%) who prefer English with significant numbers prefering Ukrainian (16.7%) and Cree (18.5%). German is preferred by a significant minority (14.6%) in Fairview.

6. English is spoken by almost all respondents except in Falher (where only 87.1% speak English) and in Remote (where only 60.4% speak English).

7. English is read by the majority of respondents but in High Prairie, only 86.4% read English; in Falher only 84.1% read English; and in Remote, only 49.1% read English.

The average school grade completed is between grade 7 and 8 in all communities except three. In two the average is higher, Berwyn (Grade 9.6) and Worsley (Grade 8.2). In Remote, the average grade completed is only 2.8

9. Many respondents did their schooling in other countries or elsewhere in Canada and some expressed regret that they were not able to have more schooling.

10. About half of respondents perceive their health as good. Great differences were noted between regions. In Berwyn 72% of respondents claim good health and in Fairview, Remote, and Falher only 39.6%, 38.5% and 37.6% respectively, claim good health. High Prairie respondents claim the highest percentage of poor health (34.0%) and Remote respondents claim the lowest percentage of poor health (3.8%).

11. Few respondents (17.8%) have made future plans for their health needs and almost no respondents in the Remote region (only 5.9%) have made plans.

12. More than half of the total number of respondents would move for health reasons if they had to but many would be reluctant to do so. The exception to this is the response from Remote, where 64.2% said they would not move for health reasons.

13. If it were necessary to move for health reasons, respondents indicated they would prefer to stay as close as possible to their communities. The majority, (59%) indicated they would move less than 30 miles.

14. Many respondents said they would move to a nursing home or lodge if they lost their health.

Some respondents thought their families would look after them if they lost their health and some thought it would be unfair to ask their families to look after them.

17. Almost all respondents placed a high value on their independence and would do whatever they could to remain as independent as possible for as long as possible.

18. The preferred activities of respondents varied a great deal and was much affected by the health status of the respondent. The most popular activity was visiting. The least popular was a part-time job. About one quarter of respondents indicated that they were willing to do volunteer work and a similar number would be willing to assist in planning senior services.

19. Some respondents indicated in the open questions that they had handicaps which prevent them from participating in some activities.

20. 73.4% of respondents from developed regions had expected life as a senior to be what it is. 92.3% of Remote respondents had expected life as a senior to be what it is.

21. In developed areas about 52% of respondents have not prepared for life as a senior. In Remote, 90.4% have not prepared.

22. Most respondents were willing to answer questions on income and, from 75.9% to 96.25% in developed areas thought they had adequate income. This constrasts with Remote where only 34.6% thought their income adequate.

5.2 Utilization of Services

The second objective (to describe the utilization of health care services by senior citizens) is divided into sub-sections as follows:

5.2.1 Service Utilization Overview (Questions 71, 86 and 119)
5.2.2 Physician Services (Questions 23 - 30)
5.2.3 Services Outside the Community (Questions 31 - 33)

Data pertaining to each sub-section are presented in Chart form followed by a brief summary of written responses. Observations on the data are made, in point form, at the end of this section.

SECTION 5.2.1. SERVICE UTILIZATION OVERVIEW
(Questions 71 to 86, 117)

Information on Respondents	Peace River	Berw.	Fairv.	Wors.	Falher	High Prair.	Mann.	Agg.	Remote
Total Number	54	25	48	19	101	54	49	350	53
Have Used These Services in the Past Year:									
CHN-Blood Pres.	48.1	28.0	58.3	63.2	62.4	40.7	26.5	48.9	43.4
Hospital	44.4	48.0	56.3	36.8	45.5	44.4	44.9	46.3	54.7
Eye Specialist	42.6	44.0	45.8	36.8	42.6	35.2	49.0	42.6	24.5
Dental	33.3	28.0	31.3	15.8	30.7	14.8	34.7	28.3	13.2
HN-Home Visit	29.6	16.0	22.9	52.6	28.7	20.4	26.5	26.9	83.0
ADL/EHB supply	22.2	20.0	27.1	31.6	22.8	24.1	22.4	23.7	5.7
Home Care	20.4	4.0	10.4	5.3	16.8	22.2	26.5	17.1	28.3
Ambulance	13.0	8.0	8.3	10.5	13.9	13.0	12.2	12.0	1.9
CHN-Immunizat.	22.2	00.0	6.3	21.1	11.9	00.0	8.2	10.0	3.8
Physiotherapy	16.7	00.0	6.3	5.3	5.9	18.5	12.2	10.0	1.9
HU - Hearing	13.0	00.0	10.4	5.3	9.9	5.6	10.2	8.9	00.0
Dealer-Hearing	11.1	8.0	4.2	00.0	6.9	5.6	22.4	8.9	00.0
Meals On Wheels	16.7	00.0	4.2	00.0	4.0	3.7	8.2	6.0	00.0
Mental Health	5.6	00.0	00.0	00.0	1.0	1.9	2.0	1.7	00.0
Speech Therapy	5.6	00.0	00.0	00.0	00.0	1.9	00.0	1.1	00.0
Other	11.1	00.0	00.0	00.0	1.0	9.3	2.0	3.7	00.0
Use Drop-in:									
Daily	17.0	12.0	2.1	00.0	12.4	7.5	00.0	8.6	00.0
Once a Week	18.9	24.0	35.4	15.4	19.6	7.5	18.8	19.9	00.0
Once a Month	7.5	4.0	6.3	15.4	8.2	11.3	4.2	7.7	00.0
Special Occas.	35.8	4.0	29.2	7.7	24.7	26.4	22.9	24.9	20.0
Not At All	20.8	56.0	27.1	61.5	35.1	47.2	50.0	38.9	80.0

NOTE:

1. All numbers, except for Total Number, are % of total respondents.

SECTION 5.2.2. PHYSICIAN SERVICES
(Questions 23 to 30)

Information on Respondents	Peace River	Berw.	Fairv.	Wors.	Falher	High Prair.	Mann.	Agg.	Remote
Total Number	54	25	48	19	101	54	49	350	53
Have Fam. Doc.:	88.5	88.0	100.0	89.5	93.1	94.3	89.8	92.5	88.7
Health Emengency Contact:									
Doctor	25.0	25.0	19.6	5.3	27.0	26.9	27.1	24.3	26.9
Family	21.2	12.5	10.9	31.6	19.0	17.3	25.0	19.1	34.6
Ambulance	17.3	20.8	30.4	5.3	23.0	13.5	6.3	18.2	5.8
Hospital	13.5	00.0	21.7	10.5	10.0	26.9	33.3	17.3	1.9
Neighbour	11.5	29.2	2.2	00.0	6.0	3.8	00.0	6.5	15.4
Community Nurse	00.0	00.0	2.2	42.1	3.0	00.0	00.0	3.5	00.0
Other	11.5	12.5	13.0	5.3	12.0	11.5	8.3	11.1	15.4
Seen Doctor in:									
The Last Month	40.7	56.0	45.9	42.1	33.0	59.3	36.7	42.7	26.4
Last 3 Months	24.1	16.0	35.4	26.3	38.0	24.1	40.9	31.5	28.3
Last 6 Months	18.5	8.0	8.3	5.3	12.0	13.0	10.2	11.7	20.8
Not For 12 Mos.	11.1	20.0	2.1	26.3	16.0	1.9	12.2	11.5	17.0
Can't Remember	5.6	00.0	8.3	00.0	1.0	1.9	00.0	2.6	7.5
Average Number of Visits to a Doctor in the Past Month Per Respondent:	0.85	0.72	0.90	0.79	0.73	1.59	1.53	0.90	0.32
Had Difficulty Getting Doctor Appointments:	13.0	8.0	6.3	5.6	10.0	9.3	8.2	9.2	7.7

NOTE:

1. All numbers, except for Total Number and Average Number of Visits are % of total respondents.
2. Chart continued on next page.

SECTION 5.2.2.PHYSICIAN SERVICES
continued ...

Information on Respondents	Peace River	Berw.	Fairv.	Wors.	Falher	High Prair.	Mann.	Agg.	Remote
Been Referred to Specialist:	37.0	56.0	50.0	47.4	47.5	55.6	34.7	46.3	26.4
Specialist Referred To Was:									
Surgeon	3.7	24.0	14.6	5.3	13.9	5.6	10.2	10.9	11.3
Heart	7.4	4.0	2.1	5.3	4.0	13.0	6.1	6.0	00.0
Eye	5.6	00.0	8.3	00.0	4.0	11.1	6.1	5.7	7.5
Cancer	3.7	4.0	00.0	15.8	5.9	3.7	2.0	4.3	00.0
Skeletal	33.7	4.0	6.3	10.5	4.0	7.4	2.0	4.9	3.8
Arthritis/Rheum	5.6	00.0	2.1	00.0	1.0	7.4	2.0	2.9	00.0
Urologist	00.0	8.0	6.3	00.0	2.0	1.9	00.0	2.3	00.0
Ear, Nose & Throat	1.9	4.0	00.0	00.0	3.0	1.9	2.0	2.0	1.9
Diabetes	21.9	00.0	00.0	00.0	1.0	3.7	2.0	1.4	1.9
Gynecologist	00.0	4.0	00.0	00.0	00.0	3.7	00.0	0.9	00.0
Other	5.6	12.0	8.3	10.5	9.0	1.9	2.0	6.9	3.8

SECTION 5.2.3. SERVICES OUTSIDE THE COMMUNITY
(Questions 31 and 33)

Information on Respondents	Peace River	Berw.	Fairv.	Wors.	Falher	High Prair.	Mann.	Agg.	Remote
Total Number	54	25	48	19	101	54	49	350	53
Have Gone Out of Peace River Health Unit For Medical Service in Past Year?:	33.3	32.0	47.9	21.1	23.0	33.3	27.1	30.8	17.3
Medical Referral Outside Was to:									
Edmonton	89.9	62.5	60.0	75.0	100.0	77.8	83.3	80.6	88.9
Grande Prairie	00.0	37.5	25.0	25.0	00.0	5.6	00.0	9.7	11.1
Elsewhere	11.1	00.0	15.0	00.0	00.0	16.7	16.7	9.7	00.0

NOTE:

1. All numbers, except Total Number, are % of total respondents.

OBSERVATIONS REGARDING SECTION 2: UTILIZATION OF SERVICES

1. Utilization of health care services by respondents was greatest for Community Health Nurses (Blood Pressure Clinic), Hospital and Eye Specialist Services with the exceptions of Berwyn and Manning where there was a low level of utilization of Community Health Nurse Services (Blood Pressure Clinic).

2. Hospital Services have been used by about half of respondents in the past year. Lowest utilization of Hospital Services was in Worsley (36.8%) and highest utilization was in Fairview (56.3%). Utilization by respondents in Remote was 54.7%.

3. Community Health Nurse (Blood Pressure Clinic) Services were utilized by a little less than half of respondents in the past year. Lowest utilization was in Manning (26.5%) and in Berwyn (28.0%). Highest utilization was in Worsley (63.2%) and Falher (62.4%).

4. Eye Specialist Service utilization was about 40% overall with high utilization in Manning (49.0%) and low utilization in Remote (24.5%).

5. Community Health Nurse Services (Home Visits) were used by about 30% of respondents in the past year with greatest utilization in Remote (83.0%) and lower utilization in Berwyn (16.0%) and High Prairie (20.4%). Note: The Remote Community respondents may have confused Home Care and Community Health Care Services.

6. Dental Services have been used by about one quarter of respondents in the past year with low utilization in Remote (13.2%), High Prairie (14.8%) and Worsley (15.8%), and highest utilization in Manning (34.7%).

7. About one quarter of respondents have utilized supplies and equipment from AADL/EHB Programs in the past year with the exception of Remote (5.7%).

8. The highest utilization of Home Care Services is in Remote (28.3%). The lowest utilization is in Berwyn (4.0%) and Worsley (5.3%).

9. About one out of 10 respondents had used ambulance services in the past year with very low utilization in Remote (1.9%). Many of the Remote areas are not serviced by ambulance.

10. Community Health Nurse Services (Immunization) were not used by respondents in Berwyn or High Prairie and had low utilization in Remote (3.8%). The highest utilization was in Peace River (22.2%) and Worsley (21.1%).

11. Overall, about the same number of respondents used Health Unit Hearing Services as used Dealer Hearing Services (8.9%). There are great variations from region to region. In Berwyn, no respondents received hearing services from the Health Unit and, in Worsley, no respondents received hearing services from dealers. In Remote, no respondents received hearing services from the Health Unit or from dealers. In all other regions hearing services were provided by both Health Units and dealers. Note: This is a new program which began approximately one year ago.

12. Meals on Wheels were utilized by only 6% of respondents with no use of this service by respondents in Berwyn, Worsley or Remote. Highest utilization was in Peace River (16.7%).

13. Mental Health Services had very little utilization overall, Peace River being the greatest at 5.6%.

14. Speech Therapy Services also had very little utilization overall, Peace River being the greatest at 5.6%.

15. Drop-in Centre Utilization by respondents varied greatly with greatest utilization in Peace River where 17% of respondents used the drop-in centre daily. No respondents in Worsley, Manning, or Remote used these services daily. In Remote, 80% of respondents had not used drop-in services at all. Remote communities do not have senior citizen centres, but rather have Community Centres.

5.3 Respondents Opinions of Present Services

Objective 3 (to describe the opinions of seniors regarding present services) is divided into sub-sections as follows. Each subsection contains specific information collected by the questionnaire. Question numbers which apply to each sub-section are indicated in brackets.

3.1 Opinions of Health Services (Questions 87 and 88)
3.2 Opinions of Drop-in Centre Services (Questions 120 and 121)
3.3 Opinions of Accommodation (Questions 68 - 70)

Data pertaining to each sub-section are presented in chart form followed by a brief summary of written responses. Observations on the data are made, in point form, at the end of this section.

SECTION 5.3.1.OPINIONS OF HEALTH SERVICES
(Question 87)

Information on Respondents	Peace River	Berw.	Fairv.	Wors.	Falher	High Prair.	Mann.	Agg.	Remote
Total Number	54	25	48	19	101	54	49	350	53
Have Had Difficulty With Health Services in the Past Year:	6.4	13.0	2.3	10.5	6.2	16.3	2.1	7.2	5.8

NOTE:

1. All numbers, except for Total Number, are % of total respondents.

Written Responses on Provision of Health Servics (Question 88)

Generally, comments on health services were complimentary.
Sample responses included:

- Health Unit made wheel chairs, cane and bath bar available and quick service too.
- All services have been good.
- I received good service.

Some respondents commented that they did not need health services.
Sample responses included:

- I am very fortunate that I have not needed any of these services but am glad to know that they are there if I need them.
- I don't need any services. Am doing good on my own.
- No problems.
- Have not needed these servics.

Some respondents had a specific request for information.
Sample responses included:

- Wondering how to inquire about meals-on-wheels.
- Wish the Comm. Health Nurse would come to the drop-in centre for educational talks, frequently.
- Would like seminar on stress and process of aging.

A few respondents had specific complaints about health services.
Sample responses included:

- Not satisfied with hearing aid from dealer's clinic.
- Dental services are unsatisfactory.
- Community Health Nurse should visit the handicapped more often.

SECTION 5.3.2.OPINIONS OF DROP-IN CENTER SERVICES (Questions 120)

Information on Respondents	Peace River	Berw.	Fairv.	Wors.	Falher	High Prair.	Mann.	Agg.	Remote
Total Number	54	25	48	19	101	54	49	350	53
Are Satisfied With Drop-in Center Services Used:	90.9	100.00	93.3	63.2	84.4	96.3	81.5	94.5	42.9

NOTE:

1. All numbers, except for Total Number, are % of total respondents.

Written Responses on Drop-In Centre Services (Question 121)

Respondents thought there was potential to do more at their senior drop-in centre.
Sample responses included:

- Could be improved by adding more programs.
- I feel we haven't enough programs at our drop-in centre. It's always cards, bingo, pool, which I'm not interested in.

Respondents mentioned transportation to and from the centre as a problem.
Sample responses included:

- Transportation is my problem.
- We have problems with transportation. People have a hard time getting to the centre, so it hasn't really been opened that much.
- I live out of High Prairie, where the drop-in centre is, so I never go because I really don't have a way to travel back and forth.

A few respondents said they didn't go to the drop-in centre and gave specific reasons why.
Sample responses included:

- Belonged to the centre but quit because there is too much smoking.
- I couldn't imagine going to a drop in centre. I would be more interested in creative writing, debates and cultural programs.
- We like more exciting things than going to the drop-in centre.

SECTION 5.3.3.OPINIONS OF LODGES AND NURSING HOMES
(Questions 67 and 69)

Information on Respondents	Peace River	Berw.	Fairv.	Wors.	Falher	High Prair.	Mann.	Agg.	Remote
Total Number	54	25	48	19	101	54	49	350	53
Would Move Into a Lodge If Required Accommodation:	92.3	91.7	82.2	77.8	84.7	79.6	81.3	84.4	26.9
Would Move Into a Nursing Home If Required Medical Care:	92.6	92.0	85.4	100.0	89.0	88.7	85.7	89.4	32.1

NOTE:

1. All numbers, except Total Number, are % of total respondents.

Written Responses on Lodges and Nursing Homes (Questions 68 and 70)

Some respondents stressed that they would move into a lodge or nursing home only if they had to.
Sample responses included:

- I would move into a lodge or nursing home only if I had to.
- I would move into one only if I was desperate.
- I wouldn't like to go, but time changes everything.
- Only as a last resort.

Some respondents mentioned the importance of having a private room.
Sample responses included:

- I would want a private room.
- I would move into one only if I had my own room.
- Would like my own private room. Should not have to share a room with strangers.

A few respondents said they would never move into a lodge or nursing home.
Sample responses included:

- Would never move into a lodge.
- It would be just like being in jail.
- I would not ever leave my home to to and die somewhere else. I'm happy here and I'm going to stay here until I die.
- Don't like them places; you lose too much of your independence.

OBSERVATIONS REGARDING SECTION 3: SENIORS OPINIONS OF PRESENT SERVICES

1. Only 1 out of 15 respondents had a difficulty with health services in the past year. Respondents in High Prairie (16.3%) and Berwyn (13.0%) reported the highest level of difficulty. A high level of respondent satisfaction with health services was reported in Manning (where only 2.1% had difficulties) and in Fairview (where only 2.3% had difficulties).

2. Most comments on health services were complimentary.

3. Many respondents reported that they did not yet need health services.

4. Some respondents made specific requests for more information on health services.

5. A few respondents had specific complaints about health services in their area.

6. A high percentage of respondents (80 to 100%) were satisfied with drop-in centres. Some respondents thought there was potential to do more at their drop-in centre, and mentioned transportation to and from the centre as a major problem.

7. Some said they do not use the drop-in centre at all.

8. More than three-quarters of all respondents in all regions reported that they would move into a lodge or nursing home if those services were required. The use of these services was firmly rejected by respondents in the Remote region. There, only 26.9% said they would move into a lodge and only 32.1% said they would move into a nursing home.

9. Respondents mentioned that they would want a private room if they were to move into a lodge or nursing home.

10. Some said they would never move into a lodge or nursing home.

5.4 Services to Maintain Independence

Objective 4 (to identify services required to maintain seniors' independence) is divided into sub-sections as follows. Each sub-section contains specific information collected by the questionnaire. Question numbers which apply to each sub-section are indicated in brackets.

5.4.1 Domestic Services (Questions 90 - 107)
5.4.2 Other Services (Questions 65, 118 and 126)
5.4.3 Opinion of Domestic Services (Questions 108 and 109)

Data pertaining to each sub-section are presented in chart form followed by a brief summary of written responses. Observations on the data are made, in point form, at the end of this section.

SECTION 5.4.1. DOMESTIC SERVICES
(Questions 90 to 106)

Information on Respondents	Peace River	Berw.	Fairv.	Wors.	Falher	High Prair.	Mann.	Agg.	Remote
Total Number	54	25	48	19	101	54	49	350	53
Would Like Help With:									
Toenails	5.6	4.0	20.8	15.8	10.9	11.1	20.4	12.6	3.8
Hair	1.9	00.0	4.2	00.0	7.9	9.3	18.4	7.1	1.9
Bathing	00.0	00.0	6.3	00.0	6.9	00.0	12.2	4.6	3.8
Nails	1.9	00.0	6.3	00.0	5.9	00.0	12.2	4.6	00.0
Dressing	00.0	00.0	2.1	00.0	5.0	00.0	8.2	2.9	1.9
Medications	9.3	4.0	6.3	00.0	4.0	1.9	16.3	6.3	66.0
Would Like Help With:									
Cleaning	13.0	8.0	18.8	21.1	13.9	31.5	22.4	18.3	64.2
Laundry	1.9	4.0	10.4	15.8	7.9	7.4	10.2	7.7	62.3
Would Like Help With:									
Food Shopping	1.9	00.0	8.3	00.0	4.0	7.4	12.2	5.4	49.1
Preparing Food	3.7	00.0	6.3	5.3	1.0	9.3	8.2	4.6	39.6
Would Like Help With:									
Snow Removal	27.8	12.0	25.0	36.8	22.8	14.8	16.3	21.7	43.4
Lawns	9.3	00.0	16.7	31.6	17.8	13.0	12.2	14.3	43.4
Repairs	14.8	4.0	18.8	31.6	21.8	16.7	20.4	18.6	41.5
Would Like Help With Government Papers:	14.8	4.0	18.8	21.1	25.7	27.8	24.5	21.4	60.4
Would Like Help With Legal Matters:	11.1	00.0	10.4	21.1	13.9	18.5	22.4	14.3	45.3
Would Like Help With Budgeting:	00.0	00.0	6.3	00.0	4.0	1.9	8.2	3.4	45.3
Would Like Help With Transport:	11.1	4.0	12.5	21.1	19.8	24.1	24.5	17.7	50.9

NOTE: 1. All numbers, except for Total Number, are % of total respondents.

Written responses on Domestic Services for Seniors (Question 107)

Many respondents indicated that their domestic needs were taken care of already by family.
Sample responses included:

- Family is around to do all this.
- My wife and children are able to help me with these things.
- No services required, children very helpful.

Some respondents had particular domestic needs.
Sample responses included:

- Would be nice to have the driveway snowplowed in the wintertime.
- I need transportation for shopping.

Some respondents are taking care of all domestic needs themselves.
Sample responses included:

- I am able to take care of myself and intend to for many years.
- Take care of most things myself.
- I don't need these things at the moment.

SECTION 5.4.2.OTHER SERVICES FOR SENIORS
(Questions 65 and 118)

Information on Respondents	Peace River	Berw.	Fairv.	Wors.	Falher	High Prair.	Mann.	Agg.	Remote
Total Number	54	25	48	19	101	54	49	350	53
Would Use an Adult Day Care Program:	60.4	55.0	66.7	77.8	71.6	74.0	62.2	67.6	76.0

NOTE:

1. All numbers, except for Total Number, are % of total respondents.

SECTION 5.3.4. OPINIONS OF DOMESTIC SERVICES
(Question 108)

Information on Respondents	Peace River	Berw.	Fairv.	Wors.	Falher	High Prair.	Mann.	Agg.	Remote
Total Number	54	25	48	19	101	54	49	350	53
Are Willing To Pay Something For Domestic Services:	85.2	96.0	68.8	52.6	82.2	75.9	71.4	77.7	52.8

NOTE:

1. All numbers, except Total Number, are % of total respondents.

Written Responses on Willingness to Pay for Domestic Services (Question 109)

Some respondents thought that domestic services for seniors should be paid for by governments.
Sample responses included:

- The government should be responsible for services to senior citizens.
- My farm and general taxes should pay for these services.
- Senior citizens are supposed to be looked after without paying.

Some respondents thought that they could pay something for some domestic services.
Sample responses included:

- Not needed at present but should be needed in future. I am willing to pay something for them.
- Depends on the cost but would be willing to pay some.

Some respondents said they didn't have enough money to pay for domestic services.
Sample responses included:

- I don't have enough money to pay for this.
- If I could afford them. We barely have enough money to get by each month.
- Can't afford to pay.

A few respondents said they expected to pay for domestic services.
Sample responses included:

- I expect to pay for everything I get.
- Would have to pay and am glad to.
- We have always looked after our own selves.

OBSERVATIONS REGARDING SECTION 4: SERVICES TO MAINTAIN INDEPENDENCE

1. Respondents' need for domestic services varied greatly from region to region. Berwyn residents expressed little need for services whereas Remote respondents requested considerable help with domestic chores.

2. Regarding personal care, the greatest need was for help with toenails and medications. A very high proportion of Remote respondents (66.0%) requested help with medications.

3. About 1 out of 5 respondents overall would like help with housekeeping but more than 60% of Remote respondents requested this kind of assistance.

4. About 1 out of 20 respondents overall would like help with nutrition (shopping and cooking) but more than 40% of Remote residents indicated they would like help.

5. One of 5 respondents overall would like help with home chores but more than 60% of Remote respondents requested assistance.

6. Twenty-one percent of respondents would like help with government forms but more than 60% of Remote respondents requested assistance.

7. Fourteen percent of respondents would like help with legal matters and 45% of Remote respondents indicated a need for assistance.

8. Only 3.4% in the seven regions indicated a need for budgeting assistance but the opposite occurred in the Remote responses with 45% indicating need.

9. Transportation needs were significant for 17% of the Aggregate group and 50% of Remote respondents.

10. Many respondents in the open questions indicated that their domestic services were being taken care of by family members.

11. Some had a particular need for domestic services but more said they could take care of themselves.

12. Most respondents (from 55.0% to 77.8%) indicated that they would make use of adult care programs if they were available.

13. Respondents had ideas on what other services should be made available to maintain seniors' independence. These included: transportation, home care and accommodation.

14. Some respondents were satisfied with services presently provided.

15. Most respondents said they would be willing to pay something for domestic services (such as those reported on in Section 4, Questions 90 - 107). In Berwyn 96% said they would pay something but in Worsley and Remote, only 53% said they would pay. Some respondents said that such services for seniors should be paid for by governments.

5.5 Respondents' Accommodation

Objective 5 (to describe seniors' housing conditions and future housing requirements) is divided into sub-sections, as follows. Each sub-section contains specific information collected by the questionnaire. Question numbers which apply to each sub-section are indicated in brackets.

5.5.1 Present Accommodation (Questions 11 to 14)
5.5.2 Preferred Accommodation (Questions 15 to 18)
5.5.3 Plans to Move (Questions 19 to 21)

Data pertaining to each sub-section are presented in chart form following a brief summary of written responses. Observations on the data are made, in point form, at the end of this section.

SECTION 5.5.1. PRESENT ACCOMMODATION
(Questions 11 to 14)

Information on Respondents	Peace River	Berw.	Fairv.	Wors.	Falher	High Prair.	Mann.	Agg.	Remote
Total Number	54	25	48	19	101	54	49	350	53
Accommodation:									
Owned	70.4	83.3	81.3	100.0	65.3	72.2	87.8	75.6	66.0
Rented	9.3	8.3	4.2	00.0	18.8	14.8	4.1	10.9	28.3
Room & Board	7.4	4.2	2.1	00.0	9.9	3.7	14.1	5.7	3.8
Other	13.0	4.2	12.5	00.0	5.9	9.3	4.1	7.7	1.9
Residence Type:									
House	66.7	80.0	75.0	89.5	63.4	72.2	85.7	72.6	69.2
Senior's Apar.	7.4	00.0	4.2	00.0	14.9	5.6	4.1	7.4	00.0
Nursing Home	11.1	00.0	10.4	00.0	4.0	7.4	00.0	5.4	00.0
Lodge	00.0	4.0	2.1	00.0	7.9	7.4	4.1	4.6	00.0
Aux. Hospital	7.4	00.0	6.3	00.0	1.0	00.0	00.0	2.3	00.0
Regular Apar.	1.9	4.0	00.0	00.0	3.0	1.9	00.0	1.7	00.0
Other	5.6	12.0	2.1	10.5	5.9	5.6	6.1	6.0	30.8
Lives in:									
Town	81.5	88.0	83.3	15.8	89.1	81.5	49.0	76.3	00.0
a Rural Area	18.5	12.0	16.7	84.2	10.9	18.5	51.0	23.7	100.0
Lives With:									
Spouse Only	41.5	41.7	58.1	42.1	43.6	30.2	46.9	43.3	17.0
Alone	54.7	37.5	20.9	52.6	46.5	47.2	28.6	41.8	17.0
Spouse + Rela.	00.0	8.3	7.0	5.3	5.0	9.4	10.2	6.1	34.0
Children Only	3.8	00.0	7.0	00.0	3.0	5.7	10.2	4.7	11.3
Relatives Only	00.0	8.3	00.0	00.0	00.0	1.9	2.0	1.2	18.9
Friends Only	00.0	4.2	7.0	00.0	2.0	5.7	2.0	2.9	1.9

NOTE:

1. All numbers, except for Total Number, are % of total respondents.

SECTION 5.5.2.PREFERRED ACCOMMODATION
(Questions 17 to 19)

Information on Respondents	Peace River	Berw.	Fairv.	Wors.	Falher	High Prair.	Mann.	Agg.	Remote
Total Number	54	25	48	19	101	54	49	350	53
Are Satisfied With Present Accommodation:	96.3	92.0	91.5	94.7	92.9	94.4	93.9	94.2	81.1
Preferred Accommodation:									
Own Home	70.4	77.3	72.7	100.0	69.3	81.5	91.8	77.1	92.3
Senior's Apar.	14.8	4.5	6.8	00.0	12.9	11.1	00.0	9.1	1.9
Lodge	00.0	4.5	4.5	00.0	8.9	5.6	6.1	5.3	1.9
Nursing Home	7.4	00.0	11.4	00.0	3.0	00.0	00.0	3.5	00.0
Regular Apar.	1.9	00.0	00.0	00.0	4.0	00.0	00.0	1.5	00.0
Aux. Hospital	3.7	00.0	2.3	00.0	00.0	00.0	00.0	0.9	00.0
Other	1.9	13.7	2.3	00.0	2.0	1.9	2.0	2.6	3.8

NOTE:

1. All numbers, except Total Number, are % of total respondents.

Written Responses on Preferred Accommodation (Questions 16 and 18)

Most respondents were satisfied with their accommodation.
Sample responses included:

- Very satisfied with where I am living.
- I like the nursing home.
- I am happy in my own home.
- Very happy living in our farm home even when we are retired.
- Unable to live alone and look after myself. I am very happy living in the lodge.
- Very satified, no reason to complain. The senior citizen apartments are ideal for people living alone.

Many respondents living in their own home said they would prefer to stay there for as long as possible.
Sample responses included:

- Would like to stay in my own home for as long as possible.
- While in good health would like to stay in my own house.
- Want to stay in my own home as long as possible.

Some respondents have thought about alternate accommodation for when they can no longer manage their own home.
Sample responses included:

- Have been thinking about a senior citizen's apartment. I'm not getting any younger.
- I would prefer to go to the nursing home if I can't look after myself.
- If I were alone, I might consider going into a lodge but I much prefer to stay in my own home.

Remote respondents differed from others in that many had more basic accommodation needs.

Sample responses included:

- No water, no sewage, no central heating, not enough room.
- No conveniences - water, sewer, power.
- I would like to have a new home if it were possible.
- Would like to have a house with power.
- It's my home. The only thing is it's kind of cold in the winter.
- If we had running water, that would sure be helpful.

SECTION 5.5.3. PLANS TO MOVE
(Questions 19 to 21)

Information on Respondents	Peace River	Berw.	Fairv.	Wors.	Falher	High Prair.	Mann.	Agg.	Remote
Total Number	54	25	48	19	101	54	49	350	53
Have Plans to Move:	16.7	8.7	10.6	10.5	7.9	14.8	12.2	10.2	5.7
Out of Those Moving, What % Plan to Move Out of the Peace Region:	11.1	50.0	00.0	00.0	12.5	16.7	33.3	14.3	00.0
Out of Those Moving, What % Will Have Friends or Relatives at New Location?:	100.0	100.0	100.0	100.0	100.0	100.0	83.3	97.1	100.0

NOTE:

1. All numbers, except for Total Number, are % of total respondents.

Written Responses on Plans to Move (Question 19)

Many respondents were satisfied with their accommodation and commented that they would not like to move.
Sample responses included:

- Like where I am living now.
- I'm too old to move around. I like it and I'll stay here until I die.
- As long as I can look after myself, I will remain at home.

A few said they had plans to move but most plans were indefinite.
Sample responses included:

- Thinking about trying to buy a house in Fairview.
- Would like to move as our children are all living in the city and we like to be close to them.
- Would like to move closer to my family.
- We may move someday to find a better climate.

OBSERVATIONS REGARDING SECTION 5: RESPONDENTS' ACCOMMODATION

1. About three-quarters of respondents own their own homes. The lowest percentage of home ownership was in Falher (65.3%) and Remote (66.0%).

2. Remote has a relatively high percentage of renters (28.3%) while about 1 out of 10 other respondents rent their own accommodation.
3. Only about 1 out of 20 respondents room and board except for Fairview where 14.1% of respondents receive room and board.

4. Most respondents (72.6%) live in houses and about 7.4% live in seniors' apartments.

5. About a quarter of respondents live in rural areas and the rest live in towns and villages.

6. The number of respondents living alone (41.8%) is about the same as the number living with their spouses, only (43.3%). In Remote, these two percentages are much lower (17.0%) but again are equal. Also in Remote, there is a much greater proportion of respondents living with spouses and family or just family, than in other regions.

7. About half of all respondents live with their spouses.

8. Over 90% of all respondents were satisfied with their accommodation, with the exception of Remote, where only 81.1% are satisfied.

9. About three-quarters of respondents prefer to live in their own home.

10. Almost all respondents living in their own homes said they would prefer to stay there for as long as possible.

11. Some respondents have considered alternate accommodation for when they can no longer manage on their own.

12. Remote respondents mention the lack of basic amenities such as running water, sewage system, central heating and electric power in their accommodation.

13. Only about 1 out of 10 respondents indicated that they had plans to move. Of these only 14.3 planned to move out of the Peace River Region and almost all would have family or friends at their new location.

14. Most respondents commented that they would not like to move from their present accommodation.

5.6 Information Needs

Objective 6 (to identify seniors' information needs) is divided into subsections, as follows. Each subsection contains specific information collected by the questionnaire. Question numbers which apply to each sub-section are indicated in brackets.

5.6.1 Information Requests (Questions 34 - 52 and 125)
5.6.2 Knowledge of Services (Questions 61 - 64, 66 and 89)
5.6.3 Information Registry (Question 127)

SECTION 5.6.1. INFORMATION REQUESTS
(Questions 34 to 52 and 125)

Information on Respondents	Peace River	Berw.	Fairv.	Wors.	Falher	High Prair.	Mann.	Agg.	Remote
Total Number	54	25	48	19	101	54	49	350	53
Requested Information on:									
Arthritis	31.5	8.0	41.7	36.8	36.6	44.4	36.7	35.7	58.5
Blood Pressure	13.0	4.0	22.9	31.6	36.7	16.7	26.5	23.1	50.9
Vision	16.7	0.00	10.4	21.1	22.8	22.2	32.7	19.7	37.7
Hearing	13.0	8.0	16.7	31.6	21.8	16.7	26.5	19.1	41.5
Memory	13.0	12.0	12.5	36.8	22.8	13.0	24.5	18.6	20.8
Short Breath	22.2	00.0	8.3	31.6	21.8	22.2	12.2	17.7	45.3
Limbs	7.4	4.0	18.8	26.3	20.8	16.7	22.4	17.1	37.7
Footcare	16.7	12.0	16.7	15.8	21.8	11.1	16.3	16.9	15.1
Sleep	14.8	8.0	6.3	10.5	16.8	20.4	20.4	15.1	5.7
Teeth	13.0	4.0	12.5	15.8	18.8	13.0	14.3	14.3	26.4
Diabetes	13.0	4.0	6.3	42.1	16.8	11.1	14.3	14.0	41.5
Special Diets	11.1	4.0	6.3	15.8	25.7	11.1	8.2	14.0	11.3
Nutrition	11.1	8.0	8.3	36.8	18.8	7.4	12.2	13.7	43.4
Medication	16.7	4.0	4.2	10.5	17.8	14.8	12.2	13.1	58.5
Balance	3.7	00.0	14.6	15.8	14.9	5.6	14.3	10.6	9.4
Headaches	3.7	00.0	10.4	21.1	14.9	3.7	14.3	10.0	43.4
Emotional Prob.	3.7	00.0	6.3	10.5	12.9	3.7	6.1	7.1	15.1
Speech	1.9	00.0	4.2	5.3	7.9	1.9	2.0	4.0	5.7
What Type of Information Would Have Helped Prepare For Life as a Senior:									
Personal Growth	22.2	24.0	22.9	21.1	16.8	11.1	8.2	17.1	1.9
Financial	3.7	20.0	4.2	5.3	1.0	3.7	16.3	6.0	9.4
Recre./Cultural	00.0	8.0	00.0	00.0	00.0	9.3	6.1	2.9	00.0
Educational	5.6	4.0	4.2	00.0	2.0	1.9	00.0	2.6	00.0
Medical	3.7	00.0	2.1	00.0	1.0	1.9	00.0	1.4	5.7
Accommodation	3.7	00.0	00.0	00.0	00.0	00.0	2.0	0.9	00.0
Spiritual	00.0	00.0	00.0	00.0	00.0	00.0	00.0	00.0	00.0
Other	11.1	00.0	8.3	10.5	7.9	25.9	10.2	11.1	9.4

NOTE:

1. All numbers, except Total Number, are % of total respondents.

Written Responses on Seniors' Needs for Services (Question 126)

Respondents had a number of ideas on what they would like to see done to improve the lives of seniors.
Sample responses included:

- We need a nursing home or auxiliary hospital in Manning.
- Would be nice to have Meals on Wheels.
- Transportation services for seniors.
- Would like Home Care Services in this area.
- Need more staff in the hospital to give better care.
- More transportation is needed for seniors.
- More programs for seniors.
- Have people to help us so we can stay in our own homes.

Some respondents were satisfied with services presently available.
Sample responses included:

- Seniors are getting so much now they can be spoilt.
- No complaints. The services we have are adequate.
- Things are better now than they used to be.
- Can't think of anything; satisfied as things are.
- Am well looked after.
- I think people should look after their own interests and not expect everything done for them. I think old people are treated pretty well.
- They have tremendous care available healthwise and recreationwise. Seniors are well looked after.

SECTION 5.6.2.KNOWLEDGE OF SERVICES
(Questions 61 to 64, 66 and 89)

Information on Respondents	Peace River	Berw.	Fairv.	Wors.	Falher	High Prair.	Mann.	Agg.	Remote
Total Number	54	25	48	19	101	54	49	350	53
Know About Home Care Services:	75.9	84.0	72.9	47.4	69.3	74.1	63.3	70.6	64.2
Know About Adult Day Care Services:	24.5	12.5	12.5	31.6	38.0	31.5	12.2	25.6	26.9
Are Familiar With Seniors' Lodges:	87.0	96.0	91.5	47.4	93.0	88.7	91.8	88.8	90.6
Know How to Reach Someone For Spiritual Support:	89.8	100.0	91.5	94.7	99.0	90.6	91.7	94.1	96.2

NOTE:

1. All numbers, except Total Number, are % of total respondents.

Written Responses on Knowledge of Services (Questions 62 and 64)

Many responses were complimentary to the Home Care Program. Sample responses included:

- Very good service from what I have seen of it.
- I've known friends who have had home care services. I think it is an excellent program.
- I use home care for four years now and as long as home care nurses come to see me, I can stay in my own home.
- They look after me real good.

The Adult Day Care Program was less known in most areas. Sample responses included:

- Never heard of it but sounds good.
- Nothing like that here.
- We would like to learn more about this.

In a few areas, where respondents thought home care or adult day care programs were not available, they would like to have them. Sample responses included:

- I think home care would be a real asset to our community.
- Having just been told about it (home care) I think it would be ideal.
- I think this type of program (adult day care) would be helpful.

SECTION 5.6.3. INFORMATION REGISTRY
(Question 127)

Information on Respondents	Peace River	Berw.	Fairv.	Wors.	Falher	High Prair.	Mann.	Agg.	Remote
Total Number	54	25	48	19	101	54	49	350	53
Would Like to Register to Receive More Information:	73.6	64.0	70.2	78.9	80.0	76.9	78.3	75.7	37.0

NOTE:

1. All numbers, except for Total Number, are % of total respondents.

OBSERVATIONS REGARDING SECTION 6: INFORMATION FOR SENIORS

1. Information on arthritis (requested by 35.7% of respondents) and on blood pressure (requested by 23.1% of respondents) was most often requested.

2. There was a greater percentage of requests for information from Remote respondents than from those in other regions.

3. Information on Personal Growth (requested by 17.1% of respondents) and on Finances (requested by 16.0% of respondents) was thought to be most useful in preparing for life as a senior.

4. All other information (recreational/cultural, educational, medical, accommodational and spiritual) was perceived as unhelpful in preparing for life as a senior.

5. Most respondents (70.6%) were aware of Home Care Services except for those in Worsley (47.4).

6. About 90% of all respondents were familiar with seniors' lodges.

7. Almost all respondents knew how to reach someone for spiritual help.

8. Many respondents were complimentary to the Home Care Program.

9. About 75% of respondents thought they would like to register to receive more information except for Remote where only 37% thought they would like to register.

CONCLUSIONS AND RECOMMENDATIONS

6.0 CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

Following the collection and analysis of the data, one must ask the question: "What are the implications for the delivery or planning of programs?" The following conclusions will highlight the implications and issues as perceived by the Committee. They are then followed by the recommendations of the Committee. The reader is not bound by the discussion and trends identified. It is hoped that the data may assist the reader in his/her program area. Time and cost constraints limit universal interpretation.

The conclusions are organized to coincide with the themes of the analysis sections.

6.2 Section 1 Description of Respondents

Existing population trends indicate that women make up the majority of the 65+ population cohort. Respondents to the study produced a similar distribution of more women than men. If the distribution mirrors the population, then the implication is that women will live longer and dominate in number. Programming may have to be tailored in such a fashion as to meet their needs. The Remote region revealed a more equal male/female split.

The marital status of respondents also implies a program consideration. There is almost an equal distribution between widowed and married status. The married status would imply that a spouse is presently with them. This response, along with responses regarding accommodation, would suggest that at least 50% of the seniors are married and living in their own homes. The program implication here may be that of assisting someone in caring for a spouse, and/or it may be in the area of educating both spouses as to the options available to them as they age and should their health decline. Special provisions may be required in institutions and care facilities for couples as well as singles.

Similar discussions could be held regarding the widowed senior. Does the widowed senior require special programming - for example: bereavement groups? Many seniors in their open-ended responses to questions, indicated that they were not prepared for the losses of aging: loved ones, friends and acquaintances, etc.

The responses to language and education questions contain observations for those who prepare information for seniors. Although the majority speak and read English, there are pockets of French in the Falher area, Ukrainian in the High Prairie area and German in the Fairview area. The Remote communities are the most significant in that approximately 77% prefer Cree and the average grade level is 2. The average grade level in the non-remote areas is 7. With these relatively low educational levels, many of the seniors may be at the lower end of the literacy scale. Thus, there may be a communication problem when information is mailed. It either may not be in their native tongue and/or uncomprehendable. Literature describing programs must be simple with a heavy emphasis on a visual presentation of materials.

Observations which indicate that few respondents have made future plans for health needs and 52% of respondents have not prepared for life as a senior imply a lack of pre-planning and a lack of awareness of the aging process. The programming implication is not aimed at the senior but rather at the pre-retirement population (40-65). This pre-retirement population should be made aware of the options, programs and the aging process.

Society has placed a stigma on those who age. This image needs correcting. Aging is but a stage in our growth process and society should adopt a positive view toward it. At the same time the illusions of retirement should not be advocated. The image of the couple driving off to tour the country in the motor home does not materialize for many. Many of the comments from respondents indicated their total lack of awareness of the physical declines they would experience as they aged, the shock of coping with the loss of a mate, the implications of a limited income, etc.

It may be time for the general populace to begin considering what could happen to them should they face a loss of independence.

Placement due to health needs is often in reaction to a sudden crisis. The decision is made in an emotionally charged environment by family members with the senior often both physically and emotionally upset. Pre-education and possible planning could certainly remove the negative connotations of lodges, nursing homes and auxiliaries and ease the transition, understanding and awareness of the levels and types of care.

Seniors did indicate that they would be willing to enter institutional care if their health so required but that their preference would be for the facility to be located as close to their community as possible. Institutional care was the last option.

Two points can be discussed over this observation. The first is the need to educate the populace as to the level of care provided by facilities and, most importantly, the need to integrate the community into the facility.

Respondents indicated that visiting was a preferred activity. All deliverers of programs to seniors should, in the design of their programs, recognize the need for the visiting activity. A visiting program in facilities could be a very positive element. The continuance and support of existing visiting programs - such as adopt-a-grandparent, etc., is advocated. Visiting independent seniors is extremely important. Although these individuals are in their homes, they are often lonely and in need of family/friendship contacts. Communities should be aware of this need in all areas of program planning. A visiting program which also acts as an outreach and check-in program would also serve this group well. The establishment of a seniors' buddy system may be a program worth exploring.

Seniors also indicated a desire to volunteer. A quarter of the seniors indicated they were willing to do volunteer work. This is an untapped human resource for programs. By not involving seniors, we add to their disengagement which has negative effects. Seniors indicated a very strong wish to be involved in the planning stages of their programs. Agency personnel recognized a need for greater senior participaton in their community. The involvement of seniors in local planning could lead to this participation and encouragement rather than disengagement. Throughout this study we were most grateful to the seniors who volunteered to sit on the Committee. Their insight often shed a new perspective on the material.

6.3 Section 2 Utilization of Services

From the review of responses that dealt with service utilization, several program implications became evident.

Programs such as blood pressure clinics and community health immunization clinics are well attended and utilized by seniors. The Health Unit reaches at least 50% of the seniors through these programs. No other programs, with the exception of Hospitals, reach as large a percentage. Hospital services are utilized by approximately 50% of seniors.

Doctors, as indicated in the literature, are very important medical contacts for the seniors - almost to the point of over utilization. Forty-two per cent had seen a doctor within the last month and 24% indicated that in the case of an emergency they would contact the doctor. Remote respondents, as could be expected, utilize the service of a doctor the least since it is harder to contact a doctor.

Our present health delivery system encourages the over utilization since the elderly, as of this date, must obtain the approval of a physician to obtain a variety of health services. Can the elderly not plan for themselves without the sanction of a doctor? Does this not promote the concept of self care and independence?

Special geriatric training programs may be required for doctors. Do our northern doctors receive adequate training in gerontology? As the aging population is increasing, their case loads will be taken up by seniors. Are they prepared? Are our doctors also aware of the options available to the senior population? Since they are often the first contact point for a senior, are they fully informed and do they inform the senior of support services? Since the majority (50+%) of seniors visit either Health Clinics, Hospitals or doctors, health services are excellent vehicles for information dissemination of all types.

Many workshops for seniors could be linked to the educational component of the immunization/blood pressure clinics, for example, Consumer Protection Workshops. This is given solely as an example, but with co-ordination, agencies could reach greater numbers of seniors within their normal, daily routine.

The responses regarding referrals to specialists also raise several questions. If 46% of the senior population is being referred to specialists in Edmonton or Grande Prairie, what mode of transportation do they take? do they require assistance? what support systems do they use? etc.? Repeatedly, the respondents indicated verbally that seniors had experienced traumatic situations when they required special care in other centres. The trauma of visiting a strange doctor or institution for medical care was heightened by the journey to the point of delivery and the fear of the urban centre.

6.4 Section 3 Present Services

Generally, seniors are pleased with the present services available to them. In the past year only 7% had problems with health services which is a very positive indication.

Likewise, those seniors who utilized drop-in centres were very satisfied with the services provided. A definite plus for the boards of the centres who plan events for their seniors.

Regarding accommodation, seniors indicated that they would move into lodges and/or nursing homes if they required the level of care offered by those institutions. Although the residents of Remote communities firmly rejected the lodge or nursing home. This rejection suggests the need for a different form of care with greater recognition of the role of the family. Basic services are needed in these areas before institutional care can be considered (see Section 3.4.2 Analysis).

The respondents who indicated they would accept institutional care qualified it very strongly: "Only if we need it." Therefore, one can expect the majority of seniors will not seek accommodation in either lodges or seniors' apartment complexes until a health crisis causes them to do so. This being the case, the policy implications are profound. The operators can certainly expect their clientele to be older, in much more fragile health and requiring greater supervision.

6.5 Section 4 Services to Maintain Independence

One of the major objectives of this report was to identify need deficits and areas of assistance that would aid seniors in maintaining their independence. Section 4 addressed the responses and indicated several areas where programming may be required.

Domestic services are required by at least a quarter of the respondents. Domestic services include home cleaning, laundry, snow removal, lawns, repairs, etc. Seniors indicated a definite preference to remain in their own homes, but many who move into other accommodations do so because they cannot maintain the physical structure and require assistance with house chores. This observation begs the questions of whether on a cost benefit basis it would be cheaper to have an extensive domestic aid program or operate institutional facilities for these individuals?

The services provided through the Home Care Program maintain the more "at risk" senior in an independent mode for a longer period of time. This program is hailed by seniors as the program which keeps them independent. In reality, the process begins prior to Home Care entry and is maintained by the more preventive services such as community health.

Seniors require safe environments whether it be in their homes, institutions or in the delivery of programs. More than any other age group, their environment must be conducive to their needs. We do not now encourage programming which assists individuals to adapt their environment to their age needs. For example, in one's home what environmental changes could be made which would make life easier and allow a senior to be independent? Simple aids such as griprails in a bath tub could keep a senior independent.

Seniors also indicated the need for help with legal matters and government papers. Recall that the respondents indicated the average grade level to be 7. With at least a fifty year time span between one's education, and the present, legal and government documents and procedures appear complicated and mysterious. The seniors in the Remote Region are even in greater need of assistance in this area.

Transportation is another key concern. Many seniors no longer drive and are forced into disengagement behavior by isolation in their homes, yet we encourage independence. Northern Alberta's winters are months of entrapment for the senior who is not mobile or has no means of transportation. Some communities have established taxi services, others have special buses, etc. Seniors must be made aware of these services and these services should continue and/or expand if necessary. Seniors should be involved in the planning of the service since they have a better understanding and grasp of the movement patterns of their peers.

Respondents were asked about the use of "Adult Day Care." The majority, 75%, were unaware of what Adult Day Care is. Since this is a new concept, this was anticipated. Therefore, interviewers were instructed to describe the program as follows:

> A program whereby seniors could be brought to a centre for the day to be looked after and to have medications and medical needs administered when appropriate. This program would assist families and act as a relief program.

On the average, 70% of the respondents indicated they would use such a program, especially if it would help them maintain their independence.

When respondents were asked what would improve their lives as seniors, the following summary observations were made. Seniors want:

- the reassurance of having either a nursing home or auxiliary care within their community or as near as possible

- programs which allow them to maintain their independence in their homes as long as possible (domestic services, home care, transportation)

- greater awareness of educational aging process

When asked about payment for domestic services, 77% indicated they would be willing to pay for domestic services. This observation may indicate the need to review the possibilities of user pay programs.

6.6 Section 5 Respondents' Accommodation

The majority of respondents live in their own home and it is the accommodation preference of seniors. This observation was to be expected since the sample process selected for independence. The rural/urban split is significant and would seem to indicate possible inward migration from rural areas to urban (hamlet, village, town). The literature on the demographics of aging supports the view that a shift to urban areas with greater access to medical and recreational facilities is occurring. This shift would suggest the need for centralization and various accommodation types to support the influx.

A view which has been inferred by many northerners is that seniors will move to warm climates, etc. when they retire. The respondents did not confirm this perception. Only 10% indicated they had plans to move and of that 10% only 14% would move out of the Peace Region. Thus, there will not be a mass exodus of seniors.

6.7 Section 6 Information Needs

The needs assessment questionnaire tried to identify areas of information needs of seniors. Respondents were asked to identify specific health care topics on which they felt they might wish information.

Arthritis and blood pressure were identified as topics on which the seniors would like information. Hearing and vision scored high on a sub-region basis. Memory was another area which seniors focus on and is worthy of note. By examining the requests, health agencies should be able to develop an information/preventive care program geared to the specific needs of each sub-region.

The Remote region scored high, indicating need in almost all the information areas.

Special note should be made of the spiritual awareness of seniors. High percentages, in both Remote and developed areas, indicated they knew where to obtain spiritual support, 96% and 94% respectively.

When asked about pre-retirement information which would have helped in retirement, two areas dominate: personal growth and finances. The category of personal growth deals with the aging process. What happens to one's physical structure? what happens emotionally? how does one deal with the empty nest syndrome? etc.? Repeatedly, throughout the questionnaires the researcher obtains the impression that the majority of individuals are not aware of and not prepared for the natural changes that will occur in their life cycle and, as a result, have problems in coping.

The respondents' knowledge of services seems to be high, 70-95%, with the exception of adult day care (this is to be expected since it is non-existent in the area). Whether there is full knowledge and understanding of these programs is unknown, but there is a high recognition level. There is a definite need to make seniors aware of the differences in services and the nature of services. This ultimately has budgetary implications. Researchers on the project often gleaned from the responses a lack of clarity on the nature, delivery and expectation of the service.

There seems to be approval for the establishment of a seniors' registry of names through which information could be disseminated. Three-quarters of the seniors approved of such a registry.

6.8 Recommendations

Following the conclusions, the Geriatric Committee set forth the following recommendations:

1. The Geriatric Committee concluded that there is a greater need for co-ordination of planning and implementation of services. This conclusion was based on the agency questionnaire results and the data collected from the seniors. Many of the program deliverers were unaware of existing programs, which raises the question of client duplication.

   Referrals and client follow-up were also identified as problem areas. This would also seem to indicate the need for greater co-ordination at the local and provincial levels.

   The Geriatric Committee recommends that local deliverers of programs for seniors meet on a regular basis and share their programming information on a formal and informal basis, ties and networking be established which would facilitate communication.

2. The Geriatric Committee also views the key to successful programming for seniors as the involvement of seniors. The perception of seniors is often very different from that of the program deliverer. Seniors should take action, they should be involved actively in the planning for their needs.

   Seniors have a responsibility to become vocal about their needs at a local, provincial and national level. Agencies delivering programs to seniors have in turn a responsibility to listen and accept the advice and direction of seniors.

The Geriatric Committee recommends that a new planning and co-ordination model be developed with the focus on information to seniors, co-ordination of services and involvement of seniors. This would encourage a "one-window" approach to planning. The Geriatric Committee, in its discussions, recognized the difficulty of such an approach and its ramifications but would urge that such an approach be explored further.

The Geriatric Committee also recommends that seniors be highly involved in the evolution of this model and/or any programming which affects them. Planning Committees which deal with programming for seniors should be composed of a majority of seniors.

3. Information dissemination is an issue the Committee recognized as important. The data revealed that many of the seniors were limited in their education (low grade levels) and that their mother tongue was not English. Thus, comprehension of materials may be a problem.

Distribution of information was also a concern. The data indicated a high usage of doctors, hospitals and health unit clinics. These appear to be focal points for seniors. Therefore, the Geriatric Committee recommends that information be distributed for all services through these health care outlets and that information be made readily available at these facilities.

The Geriatric Committee also recommends that when material is being prepared for seniors, it be prepared at appropriate levels of literacy and with clarity.

Seniors indicated a preference to visit and socialize. With this in mind, program deliverers are encouraged to combine social events with information distribution for maximum coverage.

The Geriatric Committee recommends that the distribution of information and the delivery of services be tied to the socialization patterns of seniors when possible.

Planning for seniors was recognized as an evolving process which is constantly undergoing change. The Geriatric Committee recommends that the needs of seniors be reviewed every 10 years and that local concerns be identified and addressed.

5. Programs and budgets often emanate from Edmonton. Offices which are located in the Peace area are often not policy-making bodies. The Geriatric Committee found in reviewing comments and data that the program models which work well in highly urbanized settings do not function well in northern, rural Alberta. Therefore, the Geriatric Committee recommends that programming be flexible to meet local needs and that local input be considered.

6. Funding is an area in which seniors have traditionally not been involved. It was interesting to note that the "user pay" concept was not seen as totally alien to the seniors interviewed.

   The Geriatric Committee recommends that new funding approaches be explored with the extensive consultation of seniors.

7. Leadership and motivation is needed amongst seniors. In the process of the study, the researchers perceived seniors as sitting on the outside, looking in. Seniors saw themselves at times in the observer role rather than the participant. The very concept of "retirement" creates a withdrawal image. This stage in one's life cycle should not be an end to one's involvement with life, but rather a "new beginning". The senior has a responsibility to change the "image" by participating; agencies and community have a responsibility to encourage this involvement and not continue to support the "helpless withdrawal image". The Geriatric Committee recommends that seniors be sought out for their expertise and that communities recognize that seniors have a positive role to play in all aspects of community life.

8. Seniors indicated a wish to participate in volunteer services. Service providers may find they will have to adjust their programming slightly to accommodate seniors, but if they do they will have an untapped human resource. The Geriatric Committee recommends that community groups be encouraged to consider using and seeking out seniors as volunteers.

9. Transportation can be a dependency creator amongst seniors. Many seniors indicated the need for transportation in the needs assessment. The Geriatric Committee recommends that in planning for transportation modes and systems for seniors, that flexibility and the medical, social and recreational needs of seniors be considered, and that seniors input be sought.

10. Recognizing the high potential of senior citizens centres, these facilities are considered to be under-utilized. The data supports that at present they are used, often by a small group for recreational purposes. Those that use the centres are highly satisfied, but the numbers are limited. The Geriatric Committee recommends that the role and operation of these facilities be re-defined to meet the broader needs of the community and that they become focal points for programming and information dissemination.

11. Many seniors indicated a high level of contentment due to the care they received from members of their immediate families. The role of the family in caring for and protecting seniors requires consideration and addressing at all levels of planning and service delivery. The Geriatric Committee recommends that the dedication and commitment of families be encouraged and enhanced through education of the population in regard to the aging process. The Geriatric Committee recommends that service providers assist families in their supportive role through the provision of relief services when appropriate.

12. Seniors leave the Peace River Health Unit area when they require specialized medical assistance. The travel pattern response indicates that they are referred to Edmonton in the majority of cases. The Geriatric Committee recommends that health care providers consider using regional specialists when appropriate and that a program be explored which would assist seniors in their travel and accomodation needs to access specialists.

13. Accommodation requirements of seniors is an evolving issue. Seniors entering institutions are older and require greater medical care. The Geriatric Committee recommends that the Alberta Government recognize through policy and budget allotments, the changing housing needs and the role of lodges, nursing homes and auxiliary hospitals.

14. Distance to and from medical institutional care is a problem in northern Alberta. At present there is not a facility for the care of the elderly north of Peace River. Seniors indicated a 30 km preference for facilities. Seniors from the Manning and High Level area must travel at least 2-3 hours to a facility. The Geriatric Committee recommends that Alberta Hospitals and Medical Care consider this factor in their future construction projects.

15. Education of service providers, of the public, and of seniors was clearly identified as a need. The Geriatric Committee recommends that greater awareness be made of the aging process from the physical, psychological and sociological perspectives. The Committee recommends a holistic approach be taken by society.

16. Pre-retirement education is specifically identified as a need. Many seniors were ill-prepared for their retirement years both financially and psychologically. The realities and limitations as well as the benefits and advantages had not been made explicit to them. The Geriatric Committee recommends that holistic pre-retirement education be conducted and begun with individuals at early stages of life.

17. Seniors placed a high value on their independence and would do whatever they could to remain as independent as possible for as long as possible. Two key areas of concern for seniors were the upkeep of their homes and preventive health care. The Geriatric Committee recommends the support of community domestic services and Home Care and Community Health Care Services to assist seniors in their efforts to remain independent.

18. Although many seniors have chronic illnesses, they view their health as satisfactory or good health. In many cases, they are content to cope with their state of health to maintain their independence. With this perspective in mind, the Geriatric Committee recommends that, when appropriate, the wishes and choices of seniors must be respected and accepted by agency personnel, and family.

19. Government and legal documents were also noted as a problem by seniors. The Geriatric Committee recommends that seniors be given special assistance in completing documentation.

The Remote Regions

20. From the data, it was clearly recognized that the trends exhibited by the Remote Region were very different from that of the other areas. Therefore, in planning for program delivery, special recognition must be given to the Remote communities.

The models that are operational in the urban and semi-urban areas will not be functional in the Remote Region. Prior to delivery of services in Remote areas, further investigation is required and cultural considerations must be made. This survey identified the Remote Region to be lacking in basic services and information. Many indicated a lack of water, sewer and electricity.

The Geriatric Committee recommends that a special Committee be established to address the needs of the remote areas and to specifically focus on programs which meet their needs.

Next Step

The Geriatric Committee has agreed that the Peace River Health Unit take the Report forward to the Community through a series of workshops to explore the possibilities of a new planning model.

APPENDICES

APPENDIX A

May 17, 1985

SENIOR CITIZENS NEEDS ASSESSMENT SURVEY

PEACE RIVER HEALTH UNIT #21

Questionnaire

A joint committee called the Regional Interdisciplinary Committee for Geriatric Services has been established in the Peace River Health Unit area. The Peace River Health Unit covers roughly an area from Keg River to Fairview and from Cleardale to Red Earth.

This committee is concerned about the growing number of seniors. Therefore, they have decided to ask the seniors for their perceptions of their needs and what types of services they would like to see in their community. The information from this questionnaire will be used for future program planning in the area.

This questionnaire is confidential. We are interested in group results and trends, and not the identification of individudal comments.

This questionnaire will take approximately 1 hour to complete.

If you have any further questions regarding this project, please feel free to contact Mrs. Sue Long, our co-ordinator, at 624-6274.

Chairman
Regional Interdisciplinary
Committee for Geriatric Services

PEACE RIVER HEALTH UNIT #21

SENIOR CITIZENS NEEDS ASSESSMENT STUDY

To interviewers in all cases, please check only one answer unless specified.

General Information

1. Birth Date ____________________

2. Sex:
   a) Male ____
   b) Female ____

3. Marital Status:
   a) Single (never married) ____
   b) Married ____
   c) Divorced ____
   d) Widowed ____
   e) Other ____

4. Are you employed? Yes ____ No ____

5. If yes, are you employed?
   a) full-time ____
   b) part-time ____

6. What language do you feel most comfortable using?
   a) English ____
   b) French ____
   c) German ____
   d) Ukrainian ____
   e) Cree ____
   f) Other ____

7. Do you speak English? Yes ____ No ____

8. Can you read English? Yes ____ No ____

9. What grade did you go to in school? ____________________

10. Comments: ____

____

____

____

____

Accommodation

11. Do you:

    a) own your own dwelling ____

    b) rent ____

    c) room and board ____

    d) other ____

12. Do you live in:

    a) a house ____

    b) a regular apartment ____

    c) a senior's apartment ____

    d) a lodge ____

    e) a nursing home ____

    f) auxiliary hospital ____

    g) other ____

13. Do you live in:

    a) a rural area ________
    b) in town ________

14. Do you live:

    a) alone ________

    b) with your spouse only ________

    c) with your spouse and relatives ________

    d) with your children only ________

    e) with relatives only ________

    f) with friends only ________

15. Are you satisfied with the present accommodation in which you live? Yes ____ No ____

16. Comments: ____

    ____

    ____

    ____

17. What type of accommodation would you prefer?

    a) own home ________

    b) regular apartment ________

    c) senior's apartment ________

    d) lodge ________

    e) nursing home ________

    f) auxiliary hospital ________

    g) Other ________

18. Comments: ____

____

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____

____

19. Do you have plans to move? Yes ____ No ____

Why? ____

____

____

____

____

____

20. If yes to #19, where will you move?

a) within the Peace Region Yes ____ No ____

b) out of the Peace Region Yes ____ No ____

21. If yes to #20, would there be friends or relatives in the new location? Yes ____ No ____

Health/Services

22. In general, would you say your present health is:

    a) good ________

    b) satisfactory ________

    c) poor ________

23. Do you have a family doctor? Yes ____ No ____

24. If you had a health emergency what would you do first?

    ____

    ____

    ____

    ____

    ____

25. Have you been seen by a doctor within:

    a) the last month ________

    b) the last 3 months ________

    c) the last 6 months ________

    d) not within the last year ________

    e) cannot remember ________

26. If (a) above, then how many times have you seen a doctor in the last month? ________

27. Have you had difficulty getting an appointment with your doctor? Yes ____ No ____

28. Comments: ____

____

____

____

____

29. Has your doctor referred you to a medical specialist? Yes ____ No ____

30. If yes, please identify the specialty: ____________________

____

31. Have you been required to go out of the Peace River Health Unit district for medical services of any type within the last year? Yes ____ No ____

32. Comments: ____

____

____

____

____

33. Where: ____

____

____

Would you like information in any of the following areas?

		Yes	No	Not Sure
34.	Speech			
35.	Vision			
36.	Hearing			
37.	Natural/false teeth			
38.	Limbs (swelling, numbness, burning)			
39.	Balance			
40.	Shortness of breath			
41.	Headaches			
42.	Blood pressure			
43.	Diabetes			
44.	Arthritis			
45.	Nutrition			
46.	Special diets			
47.	Sleep pattern			
48.	Emotional problems			
49.	Memory			
50.	Footcare			
51.	Medication			

52. Other ____

____

____

53. If you lost your health what do you think would happen to you?

____

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____

____

54. Comments: ____

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55. Have you made any plans for your future health needs? Yes ____ No ____

56. Comments: ____

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____

57. If you required a lodge, nursing home or auxiliary hospital that was not available in your community would you be willing to move to another community?

Yes ____ No ____

Not Sure ____

58. Comments: ____

59. If yes, how far would you be willing to move?

a) within 30 miles (50 km) ______

b) 30 - 60 miles (50-100 km) ______

c) 60 - 90 miles (100-150 km) ______

60. Comments: ____

61. Are you familiar with home care services? Yes ____ No ____

62. Comments: ____________________

63. Do you know about adult day care programs? Yes ____ No ____

64. Comments: ____________________

65. Would you use such a program? Yes ____ No ____

66. Are you familiar with senior lodges? Yes ____ No ____

67. Would you move into a lodge if you required accommodation? Yes ____ No ____

68. If no to #67, why not? ____________________

69. Would you move into a nursing home if you required medical care? Yes ____ No ____

70. Comments: ____________________

Which of the following services have you made use of in the past year?

71. Hospital ____
72. Community Health Nurse - Blood pressure clinics ____
73. Community Health Nurse - Immunization clinics ____
74. Home Care Services (eg., homemaker, handyman) ____
75. Health Unit Hearing Clinic ____
76. Dealer's Hearing Clinic ____
77. Speech Therapy ____
78. Physiotheraphy ____
79. Community Health Nurse - Home Visits ____
80. Dental Services (checkups, dental care) ____
81. Eye Specialist (eye checkups) ____
82. Mental Health Counselling ____
83. Ambulance Services ____
84. Meals On Wheels ____
85. Equipment or supplies through the "Aides to Daily Living Program"/ extended health benefits ____
86. Other ________________________________

87. Have you had any difficulty with any of the above services? Yes ____ No ____

88. Comments: ________________________________

____

____

____

____

89. Do you know how to reach someone for spiritual support (church, minister)? Yes ____ No ____

Would you like to have help with:

a) Personal Care

90. Bathing ____
91. Dressing ____
92. Hair ____
93. Nails ____
94. Toenails ____
95. Understanding Medications ____

b) Housekeeping

96. General cleaning ____
97. Laundry ____

c) Nutrition

98. Assistance with grocery shopping ____
99. Preparing meals ____

d) Home Maintenance

100. Snow removal ____
101. Lawns ____
102. Repairs ____

f) Government Papers

103. Help to understand and fill out government documents ____

104. g) Legal Advice ____

105. h) Household Finances ____

106. i) Transportation ____

107. j) Other: ____

____

____

108. If any of the above services were needed, would you be willing to pay something for them? Yes ____ No ____ Not Sure ____

109. Comments: ____

____

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____

____

____

Would you like to be involved with any of the following activities?

110. volunteer work of some kind Yes ____ No ____

111. a part-time paid job Yes ____ No ____

112. visiting with other people Yes ____ No ____

113. meeting with younger people Yes ____ No ____

114. cultural recreation (plays, arts, crafts) Yes ____ No ____

115. physical recreation (lawn bowling, exercises, etc.) Yes ____ No ____

116. the planning and provision of services for seniors Yes ____ No ____

117. other, please specify Yes ____ No ____

____

____

____

____

____

118. Does your area have a Seniors' Drop-in Centre? Yes ____ No ____

119. If yes, how often do you make use of the facilities at a Seniors' Drop-in Centre?

a) Daily ______

b) Once a week ______

c) Once a month ______

d) Special occasions ______

e) Not at all ______

120. If you use the facilities of a Seniors' Drop-in Centre, are you satisified with the programs and activities offered? Yes ____ No ____

121. Comments: ____

____

____

____

____

____

122. Is your life as a senior what you expected? Yes ____ No ____

123. Comments: ____

125. What type of information would have helped you prepare better for retirement or your life as a senior?

____

____

____

____

____

____

____

126. What would you like to see done in the Peace River Region to improve the lives of seniors?

127. Would you be interested in having your name and address on a Senior Citizens list for the purpose of letting you know about services and programs available to you? Yes ____ No ____

128. Do you mind answering a question on your income level? Yes ____ No ____

129. Is your income adequate enough to meet your needs? Yes ____ No ____

130. Comments: ____

131. Is there anything else you would like to add that we have not covered?

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No. ____________________

Date: ____________________

GERIATRIC NEEDS ASSESSMENT STUDY

AGENCY QUESTIONNAIRE

AGENCY: ____

LOCATION: ____

1. What is your position in this organization?

2. How long have you held this position?

   ____

3. What area does your organization service?

4. As you are aware this study deals with the needs of seniors, that is, the 65 and older population. Within your organization, what existing programs do you deliver for individuals in this age group?

5. How many seniors utilize these programs (estimate)?

____

6. Do you have any future plans for programming?

7. Do you perceive any GAPS in programming for seniors within your organization? If so, what are they?

8. What are the stumbling blocks to delivering the gap areas you have identified?

9. Are you familiar with general programs offered within the Peace River Health Unit Area for Seniors?

Yes ________ No _______

If yes, what would you say are the need areas? What sort of things do seniors need that are not presently being delivered?

10. From an agency point of view, what information would help you in developing your programs for seniors?

11. If there was a "central registry" where seniors identified themselves, would this be of any use in programming within your organization?

12. If there was a list of agencies and organizations working with senior citizens and a list of contact people within these organizations, would it be helpful to you in programming for seniors? Would you be willing to contribute and participate in an inter-agency for seniors?

APPOINTMENT: Day: ______________________

Time: ______________________

NAME: ______________________________

ORGANIZATION: ______________________

ADDRESS: ___________________________

____

PHONE: _____________________________

Reasons for no interview:

Vacant ____ Not In ____ Refused ____

No. of Callbacks:

0 1 2 3 4

APPENDIX B

Volunteers

Volunteer interviewers were recruited from all areas of the Peace River Health Unit Area. Forty-three interviewers participated donating an estimated 525 hours to the project.

Volunteer interviewers attended one of the four training sessions held in Peace River, Falher, High Prairie and Fairview. The first training session held in Peace River involved the valuable services of Dr. George Kupfer, Research Consultant for the project; Linda Beltrano, Senior Development Officer with Northern Development Branch; and Sue Long, Project Co-ordinator. Seventeen volunteers from many areas of the Peace River Health Unit area attended the training session in Peace River.

The second training session was held in Falher involving 20 volunteers. The Falher area (which includes Falher, McLennan, Donnelly, Girouxville, Guy and Jean Cote) is a French speaking community and it was necessary to include volunteers who could speak both French and English.

The third training session was held in High Prairie involving two volunteer interviewers and the fourth training session was held in Fairview involving five volunteer interviewers.

Media Presentations

Available media in the Peace River Health Unit Area were used to make seniors and the general population aware of the study.

The first public awareness of the Geriatrics Needs Assessment Study was through the Senior Citizens News Columms in the Peace River Record Gazette. These columms were submitted to the paper by Muriel Oslie and Helen Harvie.

We then submitted a News Release to all local papers in the Health Unit Area describing the project and asking for volunteer interviewers. We also placed a paid advertisement in the Peace River Record Gazette asking for volunteer help to do the interviewing.

The local radio station aired a taped interview on a local newscast describing the project goals and again asking for any interested volunteers.

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Volume

3

A NEW BEGINNING

A REVIEW OF THE NEEDS OF SENIORS IN THE NORTH PEACE REGION

VOLUME III
Directory of Agencies

Funded by
Peace River Health Unit
Senior Citizens Bureau
Manning Hospital Board
Northern Alberta Development Council

December, 1985

A NEW BEGINNING

A REVIEW OF THE NEEDS
OF SENIORS IN THE
NORTH PEACE REGION

VOLUME III

DIRECTORY OF AGENCIES

A Project Sponsored by:	Regional Interdisciplinary Steering Committee For Geriatric Services in the North Peace River Region.
Co-funded by:	Peace River Health Unit Senior Citizens Bureau Manning Hospital Board Northern Alberta Development Council

December, 1985

A NEW BEGINNING

A REVIEW OF THE NEEDS
OF SENIORS IN THE
NORTH PEACE REGION

VOLUME I Executive Summary

VOLUME II Technical Report

VOLUME III Directory of Agencies

Introduction

This document is Volume III, of a three volume Seniors needs assessment conducted in the Peace River Health Unit Area. It is intended to assist practitioners and seniors in identifying the services to seniors located in their community.

The information is divided into two sections. Section I includes an alphabetical list of agencies and organizations with a description of services, addresses, telephone numbers and contact person.

Section II includes an alphabetical listing of towns in the Peace River Health Unit Area. Agencies and organizations which work with seniors are then listed under their town of location.

NOTE: The information contained in this report was compiled in November/December 1985. Changes may have taken place since the time of completion. The Committee regrets any omissions and/or errors.

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ADULT EDUCATION CENTRE, NORTH PEACE CONSORTIUM

Services: Senior citizens are eligible for any courses offered by the Adult Education Centre

Address: Box 1348, Peace River TOH 2XO

Phone: 624-4616

Contact: Dave McLaughlin, Program Development Co-ordinator

ALBERTA AGRICULTURE: DISTRICT HOME ECONOMIST SERVICES

Services: To enhance the lifestyle and well being of rural Albertans. This includes all areas of Home Economics including: foods & nutrition, home management, family living, consumer education, clothing, textiles, and housing.

District Home Economist - Peace River

Address: Bag 900-20, Peace River TOH 2XO

Phone: 624-6205

Contact: Irene McFetridge

District Home Economist - Manning:

Address: Box 750, Manning TOH 2MO

Phone: 836-3351

Contact: Winnie Chong

District Home Economist - Fairview:

Address: Box 819, Fairview TOH 1LO

Phone: 835-2241

Contact: Nan Bartlett

District Home Economist - Falher:

Address: Box 90, Falher TOH 1MO

Phone: 837-2211

Contact: Therese Beaudoin

District Home Economist - High Prairie

Address: Box 1259, High Prairie TOG 1EO

Phone: 523-4561

Contact: Audrey Shapka
Louise Munn

ALBERTA ALCOHOLISM & DRUG ABUSE COMMISSION (AADAC)

Services: Out-Patient Treatment Facilities

Prevention Education

Counselling Services

Liaison with In-Patient Treatment Facilities

AADAC - Peace River

Address: Bag 900-1, Peace River TOH 2X0

Phone: 624-6193

Contact: Barb Johnson, Sue Long, District Administrators

AADAC - HIGH PRAIRIE

Address: Box 110, High Prairie TOG 1E0

Phone: 523-3440

Contact: Norma Jackson, District Administrator

ALBERTA CONSUMER & CORPORATE AFFAIRS

Services:	Work with senior citizen groups to develop workshops and courses on issues of consumer concern

Consumer & Corporate Affairs - Peace River

Address:	Bag 900-9, Peace River TOH 2XO
Phone:	624-6214
Contact:	Susan Hrynyk, Supervisor of Education

ALBERTA COUNCIL ON AGING

Services: Encourage seniors to receive the Alberta Council on Aging (A C A) News so they can remain aware of activities and can find information.
Home visits on a volunteer basis
Written article appears twice a month
Field calls from seniors who need help with specific problems

Address: Box 623, Peace River T0H 2X0

Phone: 624-2925

Contact: Helen Harvie

ALBERTA CULTURE

Services: Programs or services of Alberta Culture to seniors includes workshops, consultant services or resources

FACILITY GRANT PROGRAM - Provincial financial assistance to senior citizen organizations incorporated under the Social Act; or to organizations acting on behalf of an unincorporated senior citizens' group that provides and has as one of their objectives the provision of services to senior citizens. The purpose of the grant is to:

1. establish cultural/recreational centres
2. renovate and upgrade existing centres
3. purchase furniture and equipment for operation of the centres

Alberta Culture - Grande Prairie

Address: 10320 - 99 Street
Room 2501, Provincial Building
Grande Prairie T8V 6J4

Phone: 538-5408

Contact: David Laing, Field Representative

ALBERTA LEGAL AID

Services: Provide legal services for persons who are unable to pay for these services

Alberta Legal Aid - Peace River

Address: Bag 900, Peace River T0H 2X0

Phone: 624-6250

Contact: Eve Whitmey

ALBERTA MANPOWER - OPPORTUNITY CORPS

Services: Home renovations for seniors (upon request); seniors must supply materials and must have proof that they are seniors

Opportunity Corps - Peace River

Address: Bag 900-16, Peace River T0H 2X0

Phone: 624-6263

Contact: Barb Monita (area covers Peace River, Weberville, Dixonville, Chinook Valley, Cadotte Lake, Little Buffalo, Nampa, Reno, Grimshaw and Berwyn)

Opportunity Corps - High Prairie

Address: High Prairie T0G 1E0

Phone: 523-1163

Contact: Rose-Marie Willier

ALBERTA MORTGAGE & HOUSING CORPORATION

Services:	"Basically, Alberta Mortgage & Housing Corporation is the key actor in the delivery of the Senior Citizens Self-Contained and Community Housing programs. The Corporation has the mandate from the partnership of governments to operate and manage the Senior Citizens Self-Contained and Community Housing programs and to ensure that program objectives are met" (ref: Senior Citizens Self-Contained & Community Housing, Orientation Booklet for Management Agency Board Members) Specifically, Alberta Mortgage & Housing Corporation builds projects and acts as a consultant for the management group of senior citizen self-contained units, lodges and senior citizen community housing projects, e.g., low rentals.

Alberta Mortgage and Housing Corporation - Peace River

Address:	Bag 900-22, Peace River TOH 2X0
Phone:	624-1383
Contact:	Marvin Dul

ALBERTA MORTGAGE & HOUSING CORPORATION - SENIOR CITIZENS LODGE FOUNDATION

Services: Funding and construction of lodges is the responsibility of Alberta Mortgage & Housing Corporation. Once construction is complete, management is turned over to the appropriate foundation in the area.

"The Senior Citizens Lodge Foundation is incorporated by Provincial Ministerial Order under the Senior Citizens Housing Act for the management, operation and maintenance of senior citizen lodges. Each Foundation is composed of contracting municipalities within the area; and the contracting municipalities appoint members of their councils to serve as directors to the foundation to administer policy and control of the lodges" (Ref: Senior Citizens Self-Contained and Community Housing Orientation Booklet for Management Agency Board Members)

There exists within the Peace River Health Unit area, two senior citizen lodge foundations. These include:

HEART RIVER FOUNDATION:
Services: Managing body which provides housing for senior citizens (includes room and board).

Villa Beausejour Home (Falher) - Provides 2 meals a day for those male senior citizens who drive themselves to the home for the meal.

Lodges Include: Villa Beausejour - Falher
Address: Box 155, Falher TOH 1MO
Phone: 837-2576 (home); 837-2247 (work)
Contact: Margaret Tardif

Pleasant View - High Prairie
Address: Box 909, High Prairie TOG 1EO
Phone: 523-3235
Contact: Gwen McLachlan

NORTH PEACE FOUNDATION
Services: Provides housing services for senior citizens, recreational facilities, and physical and mental health services for the elderly.

Lodges Include:	Autumn Lodge, Berwyn	338-3917
	Homesteader Lodge, Hines Creek	494-3500
	Del-Air Lodge, Manning	836-3325
	Heritage Tower, Peace River	624-3919

Address: Box 130, Peace River TOH 2X0

Phone: 624-3919

Contact: B.W. Mitchell, Manager

ALBERTA MORTGAGE & HOUSING CORPORATION - SENIOR CITIZENS LODGES

Services: Hotel-like accommodation offering single or double rooms, meals, linen, laundry facilities and recreational facilities. Designed for persons "who are active and able to care for their daily need but find, for some reason, that meal preparation and/or houskeeping duties are beyond their capabilities" (Ref: Alberta Housing and Public Works)

BERWYN - AUTUMN LODGE (North Peace Foundation - 64 beds)

Address: c/o Autumn Lodge, Berwyn TOH OEO

Phone: 338-3917

Contact: Eleanor Coates

FALHER - VILLA BEAUSEJOUR (Heart River Foundation - 65 beds)

Address: Falher TOH 1MO

Phone: 837-2494

Contact: Lucine Bouchard

HIGH PRAIRIE - PLEASANT VIEW (Heart River Foundation - 65 beds)

Address: c/o Pleasant View Lodge, High Prairie TOG 1EO

Phone: 523-3235

Contact: Gwen McLachlan

HINES CREEK - HOMESTEADER LODGE (North Peace Foundation - 34 beds)

Address: c/o Homesteader Lodge, Hines Creek TOH 2AO

Phone: 494-3500

Contact: Denise Johnson

MANNING - DEL-AIR LODGE (North Peace Foundation - 34 beds)

Address: Manning TOH 2MO

Phone: 836-3325

Contact: Merna Cameron

PEACE RIVER - HERITAGE TOWER -(North Peace Foundation - 40 beds)
Address: 10123-103 Avenue, Box 1078, Peace River TOH 2XO
Phone: 624-3919
Contact: Teresa Cambridge, Adminstrator

ALBERTA MORTGAGE & HOUSING CORPORATION - SENIOR CITIZENS SELF-CONTAINED PROGRAM

Services: "The Senior Citizens Self-Contained Program is designed to provide apartment type accommodation for low and moderate income seniors in Alberta; that is, senior citizens who cannot afford to pay the market rent or can no longer maintain their own homes" (ref: Senior Citizens Self-Contained & Community Housing: Orientation Booklet for Management Agency Board Members).

Existing Self-contained Units:

BERWYN - AUTUMN VILLA (18 UNITS)

Managing Group: North Peace Foundation

Address: Berwyn T0H 0E0

Phone: 338-3917, Lodge Manager #624-3919

Contact: B.W. Mitchell, Manager

FAIRVIEW - GARRISON MANOR (16 UNITS)

Managing Group: North Peace Foundation

Address: Fairview T0H 1L0

Phone: 624-3919

Contact: B.W. Mitchell, Manager

DONNELLY - RESIDENCES DES PIONNIERS (16 Units)

Managing Group: Village of Donnelly

Address: Box 200, Donnelly T0H 1G0

Phone: 925-3835

Contact: Suzanne Maisonneuve

FALHER - MANOIR STE. ANNE (16 Units)

Managing Group: Town of Falher

Address: Box 155, Falher T0H 1M0

Phone: 837-2576 (home); 837-2247 (work)

Contact: Margaret Tardif, Manager

Existing Self-contained Units (continued)

GIROUXVILLE - GOLDEN AGE MANOR (6 UNITS)

Managing Group:	Village of Girouxville
Address:	Box 67, Girouxville TOH 1SO
Phone:	323-4290
Contact:	Doris R. Ouellette

GIROUXVILLE - GOLDEN AGE MANOR II (8 UNITS)

Managing Group:	Village of Girouxville
Address:	Box 67, Girouxville TOH 1SO
Phone:	323-4290
Contact:	Doris R. Ouellette

GRIMSHAW - LEGION PLACE (8 UNITS)

Managing Group:	Royal Canadian Legion Branch #253
Address:	Box 1015, Grimshaw TOH 1WO
Phone:	332-4691 (work); 332-1398
Contact:	Len Wald

GRIMSHAW - LEGION COURT (16 UNITS)

Managing Group:	Royal Canadian Legion Branch #253
Address:	Box 1051, Grimshaw TOH 1WO
Phone:	332-4691 (work); 332-1398
Contact:	Len Wald

HIGH PRAIRIE - GOLDEN AGE APARTMENTS (21 UNITS)

Managing Group:	Town of High Prairie
Address:	Box 179, High Prairie TOG 1EO
Phone:	523-3388
Contact:	Mrs. Don MacKay

Existing Self-contained Units (continued)

MANNING - MANNING SENIOR CITIZENS' APARTMENTS (16 UNITS)

Managing Group:	Town of Manning
Address:	Manning TOH 2MO
Phone:	836-3606, 836-3728
Contact:	Loralynn Lovlin

MCLENNAN - LEGION MANOR (11 UNITS)

Managing Group:	Royal Canadian Legion Branch #153
Address:	Box 412, McLennan TOH 2LO
Phone:	324-3053
Contact:	H. R. Coulman

NAMPA - EL HACIENDA DE LEGION (4 UNITS)

Managing Group:	Royal Canadian Legion Branch #272
Address:	Box 329, Nampa TOH 2RO
Phone:	322-3852
Contact:	Sharon Unrau

NAMPA - EL HACIENDA DE LEGION II (4 UNITS)

Managing Group:	Royal Canadian Legion Branch #272
Address:	Box 329, Nampa TOH 2RO
Phone:	322-3852
Contact:	Sharon Unrau

Existing Self-Contained Units (continued)

Future Self-Contained Units (approved but not completed as of July 1, 1985)

HIGH PRAIRIE II (12 Units)

Managing Group: Not available

MCLENNAN II (6 Units)

Managing Group: Royal Canadian Legion Branch #153

ALBERTA RECREATION AND PARKS

Services: Provides consultant services, program information, and resource and support services (such as recreation leadership workshops and conferences, fitness training workshops and retirement seminars, pioneer courses and nature studies).

Recreation and Parks - Peace River

Address: Bag 900-11, Peace River TOH 2X0

Phone: 624-6295

Contact: Richard Larson (covers Fairview, Peace River, Grimshaw, Manning, Nampa, Falher, and McLennan Area)

Recreation and Parks - High Prairie

Address: Box 1078, High Prairie TOG 1E0

Phone: 523-4561

Contact: Ron Anderson

Recreation and Parks - High Level

Address: 9812 - 101 St., High Level TOH 1Z0

Phone: 926-3664

Contact: Steve Pritchard (covers Keg River area)

Recreation and Parks - Grande Prairie

Address: Grande Prairie

Phone: 538-5300

Contact: Bob Shillington (covers Grande Prairie area)

ALBERTA SOCIAL SERVICES AND COMMUNITY HEALTH - EXTENDED HEALTH BENEFITS PROGRAM

Services: Help pay for eyeglasses, dental care and dentures, hearing aids, surgical supplies and appliances, and medical equipment; Eligibility begins on 65th birthday

Social Services and Community Health - Edmonton

Address:
7th Street Plaza
10030 - 107 Street
Edmonton, Alberta T5J 3E4

Phone: 427-0733

Contact: Monica Phelan

Note: This organization goes through the local home care program; it is not the "hands-on" group.

ALBERTA SOCIAL SERVICES AND COMMUNITY HEALTH

Services: Income Security Program
Social Allowance

Social Services and Community Health - Peace River

Address: Bag 900-15, Peace River TOH 2X0

Phone: 624-6135

Contact: Barb Hendry- District Office Manager
(district includes Peace River to High Level; Peace River to Rycroft; Peace River to Falher)

Social Services and Community Health - High Prairie

Address: High Prairie TOG 1E0

Phone: 523-4561

Contact: Alfred Aquilina - District Office Manager
(district includes High Prairie area)

ALBERTA SOCIAL SERVICES AND COMMUNITY HEALTH - MENTAL HEALTH SERVICES

Services:	Psychological assistance Family Therapy Individual psycho-therapy

Mental Health Services - Peace River

Address:	Bag 900-8, Peace River TOH 2X0
Phone:	624-6151
Contact:	Tracy Houston (district covers Fairview to Peace River; Peace River to Manning; to Jean Cote)

Mental Health Services - High Prairie

Address:	High Prairie TOG 1E0
Phone:	523-4561
Contact:	Wayne Abraham (district includes High Prairie, Falher)

ALBERTA SOCIAL SERVICES AND COMMUNITY HEALTH - SENIOR CITIZENS BUREAU

Services: Provides information on services and resources offered by the federal and provincial governments, and province-wide organizations; encourages co-ordination in planning and delivery of services to senior citizens

Alberta Social Services and Community Health - Edmonton

Address: 10030 - 107 Street
Edmonton, Alberta T5J 3E4

Phone: 427-7876

Contact: Wanda Cree, Information Officer

ALBERTA WOMEN'S INSTITUTE

Services: Friendship supportive group
(majority of the members are senior citizens)

A W I - Peace River

Address: Box 126, Peace River TOH 2XO

Phone: 624-4384

Contact: Aurelia Vangrud - President

A W I - Berwyn

Address: 4909 - 52 Avenue, Berwyn TOH OEO

Phone: 338-3835

Contact: Viola Rowe - President

A W I - Grimshaw

Address: Box 114, Grimshaw TOH 1WO

Phone: 332-4181

Contact: Iola Johnston - Secretary

A W I - Fairview

Address: 1112 - 2 Avenue, Fairview, TOH 1LO

Phone: 835-2402

Contact: Gerda Anthony

A W I - High Prairie (Big Meadow A W I)

Address: Box 115, Enilda TOG OWO

Phone: 523-2212

Contact: Ruby Walker

A W I - Worsley

Address: Box 112, Worsley, TOH 3WO

Phone: 685-3865

Contact: Linda Hudak

AUXILIARY HOSPITALS

Services:	Provides care to those "whose acute phase of illness is over, whose vital process may or may not be stable, whose potential for rehabilitation may be limited, and who require a range of therapeutic services, medical management and nursing care plus provision for meeting psyho-social needs. The period of time during which care is required is unpredictable, but usually consists of a matter of months or years" (ref: Federal Working Party on Patient Care Classification)

PEACE RIVER, FAIRVIEW AUXILIARY HOSPITAL

Address:	10915 - 99 St., Box 400, Peace River TOH 2XO
Phone:	624-2551, extension 36
Contact:	Maureen Anderson, Supervisor

WHITELAW - HOTEL DIEU OF ST. JOSEPH - AUXILIARY HOSPITAL

Address:	Whitelaw TOH 3TO
Phone:	596-3740
Contact:	W. J. McGregor

EMPLOYMENT AND IMMIGRATION CANADA

Services:	Unemployment Insurance Benefits
Address:	10015 - 98 Street, Peace River TOH 2X0
Phone:	624-4484
Contact:	Bonnie Nelson, Insurance Agent

FAMILY AND COMMUNITY SUPPORT SERVICES PROGRAMS

Community Services - Peace River

Service: Provides services of interest to senior citizens such as the seniors' Drop-In Centre; Home Support Services (Homemakers); Wheels-On-Meals; taxi program; co-operation with mini-bus service; offers short courses; community coffee parties

Address: Box 1062, Peace River TOH 2X0

Phone: 624-1000

Contacts: Karen Konowalyk, Co-ordinator

Lesser Slave Lake Family And Community Support Services - High Prairie

Services: Provides services of interest to senior citizens such as a resource to The High Prairie and Grouard Drop-In Centre homemaker aides program; assistance with filling out government forms; home visits to provide social contact or the other services listed above.

Address: Box 999, High Prairie TOG 1E0

Phone: 523-4441

Contact: Audrey Gale - Director

Family And Community Support Services - M D of Smoky River #130

Services: Provides services free of charge for seniors who live within the M D boundary and, for a minimal charge for seniors living outside of the M D boundary. Services are available in both French and English. Help includes: filling out government forms, setting up workshops for seniors in the M D , finding resource personnel, assistance to senior citizen drop in centres with applications forms, and changes in by-laws if the need arises.

Address: Box 487, Falher TOH 1M0

Phone: 837-2014

Contact: Joanne Gervais

Please Note: Senior Citizen drop-in centres in Peace River and the M D of 130 (Falher) are under the auspices of the Family and Community Support Services Programs in these areas. Senior citizen drop-in centres outside of these areas, operate independently.

FRIENDSHIP CENTRES

Services:	Information Referral Visiting Handicrafts

Sagitawa Friendship Centre - Peace River

Address:	10108 - 100 Avenue Box 1283, Peace River TOH 2X0 Next to United Church in Peace River
Phone:	624-2443
Contact:	Judy Norstrom, Executive Director

High Prairie Friendship Centre

Address:	Box 1448, High Prairie TOG 1E0
Phone:	523-4511
Contact:	Ellis O'Brien, Executive Director

HOSPITALS - ACUTE CARE

Services: Designed to provide medical care during active stages of disease

GRIMSHAW BERWYN AND DISTRICT HOSPITAL

Address: 5621 Wilcox Road, Grimshaw TOH 1WO

Phone: 332-1155

Contact: Bob Nay, Hospital Administrator
Anne Signorini, Director of Nursing

PEACE RIVER MUNICIPAL HOSPITAL

Address: 10915 - 99 St., Box 400, Peace River TOH 2XO

Phone: 624-2551

Contact: John Veillet, Hospital Administrator
Margaret Viellet, Director of Nursing

FAIRVIEW GENERAL HOSPITAL

Address: Bag 2201, Fairview TOH 1LO

Phone: 835-4941

Contact: W. J. McGregor, Administrator
Laurie White, Nursing Director

MCLENNAN HOSPITAL
(Sacred Heart Hospital)

Address: Bag 2000, McLennan TOH 2LO

Phone: 324-3730

Contact: Brian Hrab, Administrator
Phyllis Brule, Nursing Director

HIGH PRAIRIE HOSPITAL

Address: Bag 1, High Prairie TOG 1EO

Phone: 523-3341

Contact: Leonard V. Hough, Administrator

MANNING MUNICIPAL HOSPITAL

Address: Box 250, Manning TOH 2MO
Phone: 836-3391
Contact: David Matthews, Hospital Administrator
Gwen Halkyard, Director of Nursing
Cobus Vreeling, Chairman of Hospital Board

LESSER SLAVE LAKE INDIAN REGIONAL COUNCIL

Services: Available to Treaty Indians
Regular Nursing Home Visitation
Homemakers Program
Counselling by Elders (encourage young people to ask for advice and direction from the Elders)

Address: Box 1740, High Prairie TOG 1EO

Phone: 523-4401

Contact: Ann Shantz (523-3221, residence)

MITA DETOX CENTRE
(Metis Intown Alcohol Detox Centre)

Services: Provides counselling to people with alcohol problems
Provides temporary accommodation
Provides transportation on request to people who are inebriated

MITA - HIGH PRAIRIE

Address: Box 1202, High Prairie T0G 1E0

Phone: 523-3372

Contact: Donna Smith, Director

MITA EXTENSION OFFICE - PEACE RIVER

Address: Box 2257, Peace River T0H 2X0

Phone: 624-1236

Contact: Darlene Courtorielle, Addictions Counsellor

NEW HORIZONS

Services: Provide funding to groups of 10 or more retired persons to carry out projects of their own choosing for benefit to themselves and others in the community

Start up new activities or expand existing activities.

Address:
New Horizons
203, 10621 - 100 Avenue
Edmonton, Alberta T5J 0B3

Phone: 420-2754

Contact: Ron Williams

NURSING HOMES

Services: Provides "supervised personal care for persons not ill enough to require hospitalization in a general or auxiliary hospital, but require assistance in coping with activities of daily living" (ref: 1978 - 79 Annual Report of the Department of Hospitals and Medical care).

FAIRVIEW NURSING HOME (40 beds)

Address: Bag 2201, Fairview TOH 1LO

Phone: 835-4941

Contact: W. J. McGregor
Sharon Percy, Director of Nursing

HIGH PRAIRIE - J. B. WOOD NURSING HOME (52 beds)

Address: c/o Hospital, Bag 1, High Prairie TOG 1EO

Phone: 523-3341

Contact: Gail Tricker

MCLENNAN - OUR LADY OF THE LAKE NURSING HOME (50 beds)

Address: Bag 2000, McLennan TOH 2LO

Phone: 324-3730

Contact: Brian Hrab

PEACE RIVER - SUTHERLAND NURSING HOME (76 beds)

Address: 10915 - 99 St., Bag 400, Peace River TOH 2XO

Phone: 624-2551, Extension 41

Contact: Eric Goldbeck, Head Supervisor
Jean McCandless, Social Worker

OFFICE OF THE PUBLIC GUARDIAN

Services:	Offers a legal means to provide support and protection by a guardian for those Albertans whose disabilities put them in danger of being abused, neglected, or victimized; guardianship is a legal process which gives the guardian legal authority to make decisions on personal matters on behalf of a defendant adult.

Office of the Public Guardian - Grande Prairie

Address:
4th Floor Nordic Court
10014 - 99th Street
Grande Prairie T8V 3N4

Phone: 538-5327

Contact: Chris Turnmire

PEACE RIVER HEALTH UNIT #21

Services:
- Community Health Nursing
- Dental Program
- Speech and Hearing Program
- Geriatric Surveillance - Co-ordinated Home Care Program;
- Group Education Sessions
- Rehabilitation Program - Physiotherapy
- Alberta Aids to Daily Living
- Hereditary Diseases Program
- Public Health Inspection

PEACE RIVER HEALTH UNIT #21 - MAIN OFFICE

Address: 10015 - 98 Street, Peace River TOH 2X0

Phone: 624-3611

Contact: Hildegard Campsall, Director, Peace River Health Unit
Molly Hopcraft, Supervisor of Communty Health Nursing
Margie Gravel, Home Care Supervisor

SUB-OFFICES OF THE PEACE RIVER HEALTH UNIT INCLUDE:

FALHER HEALTH UNIT

Address: Falher TOH 1M0

Phone: 837-2145

Contacts: Annabelle Pizycki - Home Care Co-ordinator

FAIRVIEW HEALTH UNIT

Address: Box 552, Fairview TOH 1L0

Phone: 835-4951

Contacts: Dianne Wray, Home Care Co-ordinator

HIGH PRAIRIE HEALTH UNIT

Address: Box 33, High Priarie TOG 1E0

Phone: 523-4434

Contacts: Lois Couch, Home Care Coordinator

MANNING HEALTH UNIT

Address: Box 95, Manning TOH 2MO

Phone: 836-3765

Contacts: Jenny Presakarchuk, Home Care Coordinator

WORSLEY MUNICIPAL NURSING STATION (Worsley is a Municipal Nursing Station which co-ordinates its activities with the Peace River Health Unit)

Address: Worsley

Phone: 685-3752

Contacts: Anne Thompson, Public Health Nurse
Rosemary MacDonald, Public Health Nurse

RELIGIOUS SERVICES

Services: Regular Worship Services at Nursing Homes
Hospital, Auxiliary Hospital, Nursing Home Visitation
Home Visiting
Counselling

Peace River - Religious Services

Ministerial Association for new/additional listings see telephone directory.

Meets once a month for fellowship and information exchange.

Address: Box 1588, Peace River TOH 2XO

Phone: 624-3963

Contact: Sandy Schelp, Chairman

Anglican Church

Address: 9715 - 98 Avenue, Box 545, Peace River TOH 2XO

Phone: 624-2743

Baptist Church

Address: 8510 - 98 Avenue, Box 571, Peace River TOH 2XO

Phone: 624-2611

Church of Latter Day Saints

Address: Box 2568, Peace River TOH 2XO

Phone: 332-2266

Lutheran Church

Address: Corner of 98 St., and 84 Avenue, Box 1588, Peace River TOH 2XO

Phone: 624-3963

Pentecostal Tabernacle

Address: 9812 - 98 Avenue, Box 552, Peace River TOH 2XO

Phone: 624-2430

RELIGIOUS SERVICES (continued)

Peace River Religious Services (continued)

Roman Catholic Church

Phone: 624-2635

Salvation Army

Phone: 624-2053

United Church

Phone: 624-2615; 624-2858

Jehovah's Witnesses

Phone: 624-1502; 624-1204

High Prairie Religious Services

for new/additional listings see telephone directory.

St. Mark's Anglican Church

Phone: 523-3774

Bethel Baptist Church

Phone: 523-3251

St. Paul's Catholic Church

Phone: 523-3140

RELIGIOUS SERVICES (continued)

High Prairie Religious Services (continued)

United Church

Phone: 523-3669

High Prairie Christian Centre

Phone: 523-3916

Nazarene Church

Phone: 523-3280

Manning Religious Services

for new/additional listings see telephone directory.

Battle River United Church and Anglican Church of Canada

Phone: 836-3757 836-3855

Roman Catholic Rectory

Phone: 836-3125

Gospel Tabernacle

Phone: 836-3412

Manning Calvary Gospel Temple

Phone: 836-3722

Grimshaw Religious Services

for new/additionl listings see telephone directory.

Anglican Church of Canada

Phone: 332-4513

Roman Catholic Church

Phone: 332-4406

United Church

Phone: 332-4136

RELIGIOUS SERVICES (continued)

Grimshaw Religious Services (continued)

Evangelical Community Church

Phone: 332-4911

Fairview Religious Services

for new/additional listings see telephone directory.

Anglican Church of Canada

Phone: 835-2580

Roman Catholic Church

Phone: 835-2250

Pentecostal Church

Phone: 835-5355

Nampa Religious Services

Roman Catholic Rectory

Phone: 322-3765

McLennan Religious Services

Anglican Church of Canada

Phone: 324-3745

Roman Catholic - Corporation Episcopale
Catholic Romaine de Grouard
Phone: 324-3820, Rev. H. Legare

Falher Religious Services

Diocesan Office of Religious Education

Phone: 837-2185

Whitelaw Religious Services

Roman Catholic Rectory

Phone: 596-3750

Worsley Religious Services

Baptist Church 685-3930

RESPIRATORY SERVICES

Services: Home Care Respiratory - home visits, patient assessment, and delivery of oxygen and any other home respiratory therapy needs
Public education and in-service for professionals

Medical oxygen is available in any community having a "Borstad Welding Supply" branch or depot. Will ship oxygen into communities where it is not available.

Alberta Respiratory Ltd. - Grande Prairie

Address: 10117 - 100 Avenue, Grande Prairie T8V 0V4

Phone: 538-3511

Contact: Ron Kopat

Northern Respiratory Ltd. - Grande Prairie

Address: 9613 - 98 St., Grande Prairie T8V 2E3

Phone: 532-2251

Contact: Dennis Karchut, R R T

or

Phone: 338-3030

Contact: Margaret Persson, R R T (Berwyn - Part-time; covers Peace River)

SENIOR CITIZEN DROP-IN CENTRES

Services: Health and Welfare of Senior Citizens
Serves as a host to visiting groups
Daily activities
Aids community projects

Peace River Senior Citizens' Drop-In Centre

Address: Box 573, Peace River TOH 2X0

Phone: 624-2700

Contact: Muriel Oslie (624-2198)

Berwyn Golden Age Club

Address: Box 84, Berwyn TOH 0E0

Phone: 338-3943

Contact: Ingwold Espeveidt

Grimshaw New Horizons Senior Citizens Club

Address: General Delivery, Grimshaw TOH 1W0

Phone: 332-1372

Contact: Mrs. Irvin Cook

Nampa Golden Pioneer Centre

Address: Box 72, Nampa TOH 2R0

Phone: 322-3883

Contact: Ronald Howie (322-2440)

Fairview Golden Age Centre

Address: 309 - 10 Street, Box 1243, Fairview TOH 1L0

Phone: 835-4397, 835-4042

Contact: Dorothy Lungle

Fairview Happy Pioneer

Address: Meet at Provincial Building, Fairview

Phone: 835-2148, Secretary

Contact: J.W. McCauley, Box 105, Fairview TOH 1L0

Hines Creek Senior Citizens' Club

Address: Box 452, Hines Creek TOH 2AO

Phone: Not available

Contact: Mrs. M. W. Greip

Whitelaw Senior Citizen Centre

Address: Box 66, Whitelaw TOH 3TO

Phone: 596-2155 or 596-2102

Contact: Charlie Hansen
Violet N. Aune

Club Des Pionniers

Address: Box 2, Donnelly TOH 1GO

Phone: 925-3884

Contact: Shirley Martel, Presidente (925-3753)
Germaine Lambert, Secretaire (925-3823)

Club Etoile

Address: Box 82, Girouxville TOH 1SO

Phone: 323-4221

Contact: George Lanctot, President
Aline Lanctot, Secretary

Golden Age Club

Address: General Delivery, McLennan TOH 2LO

Phone: 324-3531

Contact: Violet Lessard, President (324-3512)
Mrs. Ouellette, Secretary (324-3788)

Club D'Age D'Or

Address: Box 300, Villa Beausejour, Falher TOH 1MO

Phone: 837-2494

Contact: Ernest Nicolet (837-2650)

Le Club Alouette

Address: Box 264, Falher TOH 1MO

Phone: 837-2684; 837-2148

Contact: Margaret Chailler, President
Blanche Gervais, Secretary

High Prairie Golden Age Drop-In Centre

Address: Box 435, High Prairie TOG 1EO

Phone: 523-4186

Contact: Mrs. Deane Krueger

Golden Age Inn

Address: Dixonville TOH 1EO

Phone: 971-3936

Contact: Harry Beebe

Senior Citizens Star Club

Address: Box 23, Manning TOH 2MO

Phone: 836-3221

Contact: Not available

VETERANS AFFAIRS CANADA

Services:	War Veterans Allowance, Aging Veterans Program, War Disability Pensions Coverage of Treatment expenses including assistance with eyeglasses and dental care costs; some assistance with home care costs, i.e., groundskeeping, homemaking; subsidization of long term care costs for eligible veterans

Veterans Affairs Canada - Edmonton

Address:
10025 - 106 Street
8th Floor, Baker Centre
Edmonton T5J 1G7

Phone: 420-3762

Contact: (Mrs.) I.T. (Mel) Gosse, Area counsellor for Peace River area

WOMEN'S HOPSITAL AUXILIARY

Services: Service to hospitalized patients
Fund raising for hospitals

FAIRVIEW WOMEN'S HOSPITAL AUXILIARY

Address: Box 856, Fairivew TOH 1LO

Phone: 835-4707

Contact: Kathaleen Corstine

MCLENNAN WOMEN'S HOSPITAL AUXILIARY

Address: McLennan TOH 2LO

Phone: 324-3010

Contact: Louise Faulkner

PEACE RIVER WOMEN'S HOSPITAL AUXILIARY

Address: 10831 99 St., Peace River TOH 2XO

Phone: 624-3190

Contact: Lillian Neary

GRIMSHAW/BERWYN WOMEN'S HOSPITAL AUXILIARY

Address: Grimshaw TOH 1WO

Phone: 332-4275

Contact: Ester Romaniuk

MANNING WOMEN'S HOSPITAL AUXILIARY

Address: Box 63, Manning TOH 2MO

Phone: 836-3012

Contact: Doris Brolly

HIGH PRAIRIE WOMEN'S HOSPITAL AUXILIARY

Address: Box 94, High Prairie TOG 1EO

Phone: 523-3268

Contact: Mary Adams

SECTION 2: TOWNS IN THE PEACE RIVER HEALTH UNIT AREA AND AGENCIES & ORGANIZATIONS WORKING WITH SENIOR CITIZENS LOCATED IN EACH TOWN

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* Although Edmonton is not in the Peace area, many of the services delivered in the Peace originate from Edmonton, therefore it is listed.

BERWYN

Health Unit (Serviced by Peace River Health Unit)

Address: 10015 - 98 St., Peace River TOH 2XO

Phone: 624-3611

Alberta Mortgage & Housing Corporation (1-800-642-3822)

Senior Citizens' Apartments - Autumn Villa

Address: Berwyn TOH OEO

Phone: 338-3917

Contact: B.W. Mitchell, Manager

Autumn Lodge

Address: c/o Autumn Lodge, Berwyn TOH OEO

Phone: 338-3917

Contact: Eleanor Coates

Berwyn Golden Age Club - Drop-In Centre

Address: Box 84, Berwyn TOH OEO

Phone: 338-3943

Contact: Ingwold Espeveidt

Alberta Women's Institute

Address: 4907 - 52 Avenue, Berwyn TOH OEO

Phone: 338-3835

Contact: Viola Rowe, President

Northern Respiratory

Address: Berwyn TOH OEO

Phone: 338-3030

Contact: Margaret Persson (covers Peace River & surrounding area)

DIXONVILLE

Health Unit (Serviced by Peace River Health Unit)

Address: 10015 - 98 St., Peace River TOH 2XO

Phone: 624-3611

Golden Age Inn - Drop-In Centre

Address: Dixonville TOH 1EO

Phone: 971-3936

Contact: Harry Beebe

DONNELLY

Health Unit (Serviced by Falher Health Unit)

Address: Box 636, Falher TOH 1MO

Phone: 837-2145

Alberta Mortgage & Housing Corporation (1-800-642-3822)

Senior Citizen Apartments - Residences Des Pionniers

Address: Box 198, Donnelly TOH 1GO

Phone: 925-3835

Contact: Suzanne Maisonneuve

Club Des Pionniers - Drop-In Centre

Address: Box 2, Donnelly TOH 1GO

Phone: 925-3884

Contact: Shirley Martel, 925-3753
Germaine Lambert, 925-3823

EDMONTON

Alberta Social Services & Community Health - Extended Health Benefits Program

Address: Alberta Social Sevices & Community Health, 7th St. Plaza, 10030 - 107 St., Edmonton T5J 3G4

Phone: 427-0733

Contact: Monica Phelan

Note: This organization goes through the local home care program; it is not the "hands-on" group

Alberta Social Services & Community Health - Senior Citizens Bureau

Address: Alberta Social Services & Community Health, 10030 - 107 St., Edmonton T5J 3E4

Phone: 427-7876

Contact: Wanda Cree, Information Officer

New Horizons

Address: New Horizons, 203, 10621 - 100 Avenue, Edmonton T5J 0B3

Phone: 420-2754

Contact: Ron Williams

Veterans Affairs Canada

Address: 10025 - 106 St., Edmonton T5J 167

Phone: 420-3762

Contact: (Mrs.) I.T. (Mel) Gosse, Area Councillor for Peace River

FAIRVIEW

Health Unit

Address: Box 552, Fairview, TOH 1LO

Phone: 835-4951

Contacts: Karen Motyka - Public Health Nurse
Barbara Glasier - Public Health Nurse
Joanne Shaw - Public Health Nurse
Dianne Wray - Home Care Co-ordinator
Kris Galbreath - Speech/Hearing
Sue Compton/Hasselfield - Dental Hygienist
Nina Kilpatrick - Early Intervention Program

Alberta Agriculture - District Home Economist

Address: Box 819, Fairview TOH 1LO

Phone: 835-2241

Contact: Nan Bartlett

Alberta Mortgage & Housing Corporation (1-800-642-3822)

Seniors' Apartments - Garrison Manor

Managing Group: North Peace Foundation

Address: Fairview TOH 1LO

Phone: 338-3917

Contact: Jerry Bennis

Fairview Nursing Home

Address: Bag 2201, Fairview, TOH 1LO

Phone: 835-4941

Contact: W.J. McGregor
Sharon Percy, Director of Nursing

Fairview General Hospital

Address: Bag 2201, Fairview, TOH 1LO

Phone: 835-4941

Contact: W.J. McGregor

FAIRVIEW (continued)

Fairview Women's Hospital Auxiliary

Address: Box 856, Fairview TOH 1LO

Phone: 835-4941

Contact: Kathleen Corstine

Fairview Golden Age Drop-In Centre

Address: 309 - 10 St., Box 1243, Fairview TOH 1LO

Phone: 835-4397, 835-4042

Contact: Dorothy Lungle

Fairview Happy Pioneers - Drop-In Centre

Address: Meet at Provincial Building

Phone: 835-2148

Contact: J.W. McCauley, Box 105, Fairview TOH 1LO

Alberta Women's Institute

Address: 1112 - 2 Avenue, Fairview TOH 1LO

Phone: 835-2402

Contact: Gerda Anthony

Religious Services

Anglican Church of Canada

Address: 907 - 3 Avenue, Fairview TOH 1LO

Phone: 835-2580

Roman Catholic Church - St. Thomas More

Address: 1121 - 2 Avenue, Fairview TOH 1LO

Phone: 835-2250

Pentecostal Church

Address: 1805 - 4 Avenue, Fairview TOH 1LO

Phone: 835-5355

FALHER

Health Unit

Address: Box 636, Falher TOH 1MO

Phone: 837-2145

Contacts: Sandra Primeau, Public Health Nurse
Vivian Aubin, Public Health Nurse
Annabelle Pizycki, Home Care Co-ordinator

Alberta Agriculture District Home Economist

Address: Box 90, Falher TOH 1MO

Phone: 837-2211

Contact: Therese Beaudoin

Alberta Mortgage & Housing Corporation (1-800-642-3822)

Senior Citizens' Apartments - Manoir Ste. Anne

Management: Town of Falher

Address: Box 155, Falher TOH 1MO

Phone: 837-2576 (home), 837-2247 (work)

Contact: Margaret Tardif, Manager

Heart River Foundation (manages lodges)

Address: Box 155, Falher TOH 1MO

Phone: 837-2576 (home), 837-2247 (work)

Contact: Margaret Tardif

Lodges Include: Villa Beausejour, Falher
Pleasant View, High Prairie

Villa Beausejour - Lodge

Address: Falher, TOH 1MO

Phone: 837-2494

Contact: Lucine Bouchard

FALHER (continued)

Alberta Recreation & Parks

Address: Bag 900 - 11 Peace River TOH 2XO

Phone: 624-6295

Contact: Richard Larsen

Family & Community Support Services

Address: Box 487, Falher TOH 1MO

Phone: 837-2014

Contact: Joanne Gervais

Le Club Alouette - Drop-In Centre

Address: Box 264, Falher TOH 1MO

Phone: 837-2684, 837-2148

Contact: Margaret Chailler, President
Blanche Gervais, Secretary

Club D'Age D'Or - Drop-In Centre

Address: Box 300, Villa Beausejour, Falher TOH 1MO

Phone: 837-2494

Contact: Ernest Nicolet (837-2650)

Religious Services

Diocesan Office of Religious Education

Address: Box 960, Falher TOH 1MO

Phone: 837-2185

Kingdom Hall of Jehovah's Witnesses

Address: Falher TOH 1MO

Phone: 837-2609

GIROUXVILLE

Health Unit (serviced by Falher Health Unit)

Address: Box 636, Falher TOH 1MO

Phone: 837-2145

Alberta Mortgage & Housing Corporation (1-800-642-3822)

Senior Citizens' Apartments - Golden Age Manor

Address: Box 67, Girouxville TOH 1SO

Phone: 323-4290

Contact: Doris Ouellette

Senior Citizens' Apartments - Golden Age Manor II

Address: Box 67, Girouxville TOH 1SO

Phone: 323-4290

Contact: Doris R. Ouellette

Club Etoile - Drop-In Centre

Address: Box 82, Girouxville, TOH 1SO

Phone: 323-4221

Contact: George Lanctot, President
Aline Lanctot, Secretary

GRANDE PRAIRIE

Alberta Culture

Address: 10320 - 99 St., Room 2501, Prov. Building, Grande Prairie
T8V 6J4

Phone: 538-5408

Contact: David Lang, Field Representative

Office of the Public Guardian

Address: #400, Nordic Court, 10014 - 99 St., Grande Prairie
T8V 3N4

Phone: 538-5327

Contact: Chris Turnmire

Respiratory Services

Alberta Respiratory Ltd. Grande Prairie

Address: 10117 - 100 Avenue, Grande Prairie T8V 0V4
Phone: 538-3511

Contact: Ron Kopat

Northern Respiratory Ltd. Grande Prairie

Address: 9613 - 98 St., Grande Prairie T8V 2E3

Phone: 532-2251

Contacts: Dennis Karchut, R R T
Margaret Persson, R R T (covers Peace River; part-time in Berwyn)

Phone: 338-3030

GRIMSHAW

Health Unit (serviced by Peace River Health Unit)

Address: 10015 - 98 St., Peace River TOH 2XO
Phone: 624-3611

Alberta Mortgage & Housing Corporation (1-800-642-3822)

Senior Citizens' Apartments - Legion Place

Management: Royal Canadian Legion Branch #253
Address: Box 1015, Grimshaw TOH 1WO
Phone: 332-4691 (work), 332-1398 (home)
Contact: Len Wald

Senior Citizens' Apartments - Legion Court

Management: Royal Canadian Legion Branch #253
Address: Box 1051, Grimshaw TOH 1WO
Phone: 332-4691 (work), 332-1398 (home)
Contact: Len Wald

Grimshaw/Berwyn & District Hospital

Address: 5621 Wilcox Road, Grimshaw TOH 1WO
Phone: 332-1155
Contacts: Bob Nay, Hospital Administrator
Anne Signorini, Director of Nursing

Grimshaw/Berwyn Women's Hospital Auxiliary

Address: Grimshaw TOH 1WO
Phone: 332-4275
Contact: Ester Romaniuk

Grimshaw New Horizons Senior Citizens' Club - Drop-In Centre

Address: General Delivery, Grimshaw TOH 1WO
Phone: 332-1372
Contact: Mrs. Irvin Cook

GRIMSHAW (continued)

Alberta Women's Institute

Address: Box 114, Grimshaw TOH 1WO

Phone: 332-4181

Contact: Iola Johnston, Secretary

Religious Services

Anglican Church of Canada

Phone: 332-4513

Roman Catholic Church

Phone: 332-4406

United Church of Canada

Phone: 332-4136

Evangelical Community Church

Phone: 332-4911

HIGH PRAIRIE

Health Unit

Address: Box 33, High Prairie T0G 1E0

Phone: 523-4434

Contacts: Valerie Beynon. Public Health Nurse
Pat Berry, Public Health Nurse
Brenda Jenkins, Public Health Nurse
Lois Couch, Home Care Co-ordinator
Peggie McCarthy, Early Intervention Program

Alberta Agriculture - District Home Economist

Address: Box 1259, High Prairie T0G 1E0

Phone: 523-4561

Contacts: Audrey Shapka
Louise Munn

Alberta Alcoholism & Drug Abuse Commission (AADAC)

Address: Box 1110, High Prairie T0E 1E0

Phone: 523-3440

Contact: Norma Jackson

Alberta Mortgage & Housing Corporation

Seniors' Apartments

Management: Town of High Prairie

Address: Box 179, High Prairie T0G 1E0

Phone: 523-3388

Contact: Mrs. Don MacKay

Pleasant View Lodge

Address: c/o Pleasant View Lodge

Phone: 523-1163

Contact: Rose-Marie Willier

HIGH PRAIRIE (continued)

Alberta Social Services & Community Health
Address: 4620-53 Aveneu, High Prairie TOG 1E0

Phone: 523-6650

Income Securities Program, Social Allowances
Address: High Prairie TOG 1E0

Phone: 523-4561

Contact: Alfred Aquilina, High Prairie Area District Office Manager

Mental Health Services

Address: High Prairie TOG 1E0

Phone: 523-4561

Contact: Wayne Abraham (Districts include: High Prairie, Falher)

Alberta Manpower - Opportunity Corps
Address: High Prairie TOG 1E0

Phone: 523-1163

Contact: Rose-Marie Willier

Alberta Recreation & Parks
Address: Box 1078, High Prairie TOG 1E0

Phone: 523-4561

Contact: Ron Anderson

J.B. Wood Nursing Home

Address: c/o High Prairie Hopsital, Bag 1, High Prairie TOG 1E0

Phone: 523-3341

Contact: Leonard V. Hough

High Prairie Hospital

Address: Bag 1, High Prairie TOG 1E0

Phone: 523-3341

Contact: Leonard V. Hough

HIGH PRAIRIE (continued)

High Prairie Women's Hospital Auxiliary

Address: Box 94, High Prairie TOG 1EO

Phone: 523-3268

Contact: Mary Adams

Lesser Slave Lake Family & Community Support Services

Address: Box 999, High Prairie TOG 1EO

Phone: 523-4441

Contact: Audrey Gale, Director

High Prairie Golden Age Drop-In Centre

Address: Box 435, High Prairie TOG 1EO

Phone: 523-4186

Contact: Mrs. Deane Krueger

Lesser Slave Lake Regional Indian Band

Address: Box 1740, High Prairie TOG 1EO

Phone: 523-4401

Contact: Ann Shantz

High Prairie Friendship Centre

Address: Box 1448, High Prairie TOG 1EO

Phone: 523-4511

Contact: Ellis O'Brien, Executive Director

Alberta Women's Institute - Big Meadow

Address: Box 115, Enilda TOG OWO

Phone: 523-2212

Contact: Ruby Walker

HIGH PRAIRIE (continued)

Religious Services

St. Mark's Anglican Church

Phone: 523-3774

Bethel Baptist Church

Phone: 523-3251

St. Paul's Roman Catholic Church

Phone: 523-3140

United Church of Canada

Phone: 523-3669

High Prairie Christian Centre

Phone: 523-3916

Nazarene Church

Phone: 523-3280

MITA Detox Centre (Metis Intown Alcohol Detox Centre)

Address: Box 1202, High Prairie TOG 1E0

Phone: 523-3372

Contact: Donna Smith, Director

HINES CREEK

Health Unit (serviced by Fairview Health Unit)

Address: Box 552, Fairview TOH 1LO

Phone: 835-4951

Alberta Mortgage & Housing Corporation (1-800-642-3822)

Homesteader Lodge

Address: c/o Homesteader Lodge, Hines Creek TOH 2AO

Phone: 494-3500

Contact: Denise Johnson

Hines Creek Senior Citizens' Club - Drop-In Centre

Address: Box 452, Hines Creek TOH 2AO

Phone: Not available

Contact: Mrs. M.W. Greip

KEG RIVER

Health Unit (serviced by Manning Health Unit)

Address: Box 95, Manning TOH 2MO

Phone: 836-3765, 836-3329

Alberta Recreation & Parks (serviced from High Level office)

Address: 9812 - 101 Street, High Level TOH 1Z0

Phone: 926-3664

Contact: Steve Pritchard

MANNING

Health Unit

Address: Box 95, Manning TOH 2MO

Phone: 836-3765, 836-3329

Contacts: Kathleen Nelson, Public Health Nurse
Jenny Presakarchuk, Home Care Co-ordinator

Alberta Agriculture - District Home Economist

Address: Box 750, Manning TOH 2MO

Phone: 836-3351

Contact: Winnie Chong

Alberta Mortgage & Housing Corporation (1-800-642-3822)

Manning Senior Citizens' Apartments

Management: Town of Manning

Address: Box 327, Manning TOH 2MO

Phone: 532-2676

Contact: Yvonne Hendry

Del-Air Lodge

Address: Manning TOH 2MO

Phone: 836-3325

Contact: Merna Cameron

Manning General Hospital

Address: Box 250, Manning TOH 2MO

Phone: 836-3391

Contact: David Matthews, Hopital Administrator
Gwen Halkyard, Director of Nursing
Corbus Vreeling, Chairman, Manning Hospital Board

MANNING (continued)

Manning Women's Hospital Auxiliary

Address: Box 63, Manning TOH 2MO

Phone: 836-3012

Contact: Doris Brolly

Senior Citizens' Star Club - Drop-In Centre

Address: Box 23, Manning, TOH 2MO

Phone: Not available

Contact: Not available

Manning Religious Services

Battle River United Church

Phone: 836-3757

Roman Catholic Rectory

Phone: 836-3125

Gospel Tabernacle

Phone: 836-3412

Manning Calvary Gospel Temple

Phone: 836-3722

Anglican Church of Canada

Phone: 836-3855

Kingdom Hall of Jehovah's Witnesses

Phone: 836-3420

MCLENNAN

Health Unit (serviced by the Falher Health Unit)

Address: Box 636, Falher TOH 1MO

Phone: 837-2145

Alberta Mortgage & Housing Corporation (1-800-642-3822)

Senior Citizen's Apartments - Legion Manor

Address: Box 412, McLennan TOH 2LO

Phone: 324-3053

Contact: H.R. Coulman

Note: Future Senior Citizens' Apartment - McLennan II

Our Lady of the Lake Nursing Home

Address: Bag 200, McLennan TOH 2LO

Phone: 324-3730

Contact: Mr. Brian Hrab

McLennan Hospital

Address: Bag 2000, McLennan TOH 2LO

Phone: 324-3730

Contact: Brian Hrab

McLennan Women's Hospital Auxiliary

Address: Not available

Phone: 324-3010

Contact: Louise Faulkner

Golden Age Club - Drop-In Centre

Address: General Delivery, McLennan TOH 2LO

Phone: 324-3531

Contacts: Violet Lessard, 324-3512
Mrs. Ouellette, 324-3788

MCLENNAN (continued)

Religious Services

Anglican Church of Canada

Phone: 324-3745

Roman Catholic Church - Corporation Episcopale Catholic Romaine de Grouard

Phone: 324-3820, Rev. H. Legare

NAMPA

Health Unit (serviced by the Peace River Health Unit)

Address: 10015 - 98 St. Peace River TOH 2XO

Phone: 624-3611

Alberta Mortgage & Housing Corporation (1-800-642-3822)

Address: Bag 900-22, Peace River TOH 2XO

Phone: 624-1383

Contact: Marvin Dul

Senior Citizens' Apartments - El Hacienda De Legion

Address: Box 329, Nampa TOH 2RO

Phone: 322-3852

Contact: Sharon Unrau

Senior Citizens' Apartments - El Hacienda De Legion II

Address: Box 329, Nampa TOH 2RO

Phone: 322-3852

Contact: Sharon Unrau

Nampa Golden Pioneer Centre - Drop-In Centre

Address: Box 72, Nampa TOH 2RO

Phone: 322-3883

Contact: Ronald Howie (322-2440)

Religious Services

Roman Catholic Rectory

for new/additional listings see telephone directory.

Phone: 322-3765

PEACE RIVER

Health Unit - Peace River

Address: 10015 - 98 St., Peace River TOH 2XO

Phone: 624-3611

Contacts: Inge Lehman, Public Health Nurse
Jennifer Loucraft, Assistant Supervisor Community Health Nurses
Linda Lunden, Public Health Nurse Hereditary Diseases Program
Pauline Becker, Public Health Nurse
J.J. Jansen, Public Health Nurse
Kay Carter, Public Health Nurse
Katy Cox, Early Intervention Program
Cathy Teich, Senior Speech Pathologist
Jim Raymer, Senior Dental Hygienist
Shirley Campbell, Senior Physiotherapist
Margie Gravel, Home Care Supervisor
Cheryl Raiwet, Assistant Home Care Supervisor
Margaret Cook, Home Care Co-ordinator

Adult Education Centre, North Peace Consortium

Address: Box 1348, Peace River TOH 2XO

Phone: 624-4616

Contact: Dave McLaughlin, Program Development Co-ordinator

Alberta Agriculture: District Home Economist Services

Address: Bag 900-20, Provincial Building, Peace River TOH 2XO

Phone: 624-6205

Contact: Irene McFetridge, District Home Economist

Alberta Alcoholism & Drug Abuse Commission (AADAC)

Address: Bag 900-1, Provincial Building, Peace River TOH 2XO

Phone: 624-6193

Contact: Barb Johnson, Sue Long - District Administrators

Alberta Consumer & Corporate Affairs

Address: Bag 900-9, Provincial Building, Peace River TOH 2XO

Contact: [illegible]ynyk, Supervisor of Education

PEACE RIVER (continued)

Alberta Legal Aid

Address: Bag 900-6, Provincial Building, Peace River TOH 2XO

Phone: 624-6250

Contact: Eve Whitmey

Alberta Mortgage & Housing Corporation

Address: Bag 900-22, Provincial Building, Peace River TOH 2XO

Phone: 624-1383

Contact: Marvin Dul

North Peace Foundation - (management of lodges)

Address: Box 130, Peace River TOH 2XO

Phone: 624-3919

Contact: B.W. Mitchell, Acting Manager

Lodges include: Autumn Lodge--Berwyn, Homesteader Lodge--Hines Creek
Heritage Tower--Peace River

Seniors' Apartments - Green Valley Apartments

Management: North Peace Foundation

Address: Box 130, Peace River TOH 2XO

Phone: 338-3917

Contact: Carmen Johnson

Alberta Manpower - Opportunity Corps

Address: Bag 900-16, Peace River TOH 2XO

Phone: 624-6263

Contact: Barb Monita

PEACE RIVER (continued)

Alberta Social Services and Community Health

Income Security Programs; Social Allowances

Address: Bag 900-15, Peace River TOH 2XO

Phone: 624-6135

Contact: Keith Best, District Office Manager

Mental Health Services

Address: Bag 900-15, Peace River TOH 2XO

Phone: 624-6151

Contact: Tracy Houston

Alberta Recreation & Parks

Address: Bag 900-11, Peace River TOH 2XO

Phone: 624-6295

Contact: Richard Larsen

Employment & Immigration Canada

Address: 10015 - 98 St., Peace River TOH 2XO

Phone: 624-4484

Contact: Bonnie Nelson, Insurance Agent

Sutherland Nursing Home

Address: Box 400, Peace River TOH 2XO

Phone: 624-2551, Extension 41

Contact: Eric Goldbeck, Head Supervisor
Jean McCandless, Social Worker

Peace River, Fairview Auxiliary Hospital

Address: Box 400, Peace River TOH 2XO

Phone: 624-2551, Extension 36

Contact: Maureen Anderson, Supervisor

PEACE RIVER (continued)

Peace River Municipal Hospital

Address: 10915 - 99 St., Box 400, Peace River TOH 2X0

Phone: 624-2551

Contact: John Veillet, Hospital Administrator
Mrs. Veillet, Director of Nursing

Peace River Women's Hospital Auxiliary

Address: 10831 - 99 St., Peace River TOH 2X0

Phone: 624-3190

Contact: Lillian Neary

Family & Community Support Services Programs

Address: Box 1062, Peace River TOH 2X0

Phone: 624-1000

Contact: June Skip, Homemaker Supervisor

Senior Citizens Drop-In Centre

Address: Box 573, Peace River TOH 2X0 (corner of 103 Ave & 101 St)

Phone: 624-2700

Contact: Muriel Oslie (624-2198)

Sagitawa Friendship Centre

Address: 10108 - 100 Avenue
Box 1285, Peace River TOH 2X0 (next to United Church)

Phone: 624-2443

Contact: Judy Norstrom, Executive Director

Alberta Women's Institute

Address: Box 126, Peace River, TOH 2X0

Phone: 624-4384

Contact: Aurelia Vangrud

PEACE RIVER (continued)

Religious Services for new/additional listings see telephone directory or call Communtiy Services 624-1000.

Ministerial Association

Address: Box 1588, Peace River TOH 2XO

Phone: 624-3963

Contact: Sandy Schelp, Chairman

Anglican Church

Address: 9715 - 98 Ave, Box 545, Peace River TOH 2XO

Phone: 624-2767

Baptist Church

Address: 8510 - 98 Ave, Box 571, Peace River TOH 2XO

Phone: 624-2611

Church of Latter Day Saints

Address: 8601 - 98 St, Peace River TOH 2XO

Phone: 332-2266

Lutheran Church

Address: 98 St & 84 Ave, Box 1588, Peace River TOH 2XO

Phone: 624-3963

Pentecostal Tabernacle

Address: 9812 - 98 Ave, Box 552, Peace River TOH 2XO

Phone: 624-2430

Roman Catholic Church

Address: 10405 - 99 St. Box 186, Peace River TOH 2XO

Phone: 624-2635

Salvation Army

Address: 9710 - 74 Ave, Box 631, Peace River TOH 2XO

Phone: 624-2053

PEACE RIVER (continued)

Religious Services (continued)

United Church

Address: 10106 - 100 Ave, Box 1881, Peace River TOH 2XO

Phone: 624-2614, 624-2858

Jehovah's Witness

Address: Kingdom Hall, 9420 - 85 Ave, Peace River TOH 2XO

Phone: 624-1502, 624-1204

MITA Detox Centre - EXTENSION OFFICE (Metis Intown Detox Centre)

Address: Box 2557, Peace River TOH 2XO

Phone: 624-1236

Contact: Darlene Courtorielle, Addictions Counsellor

Full Gospel Fellowship

Address: 7117 - 99A Street, Peace River TOH 2XO

Phone: 624-5767

Alliance Church

Address: Box 3240, Peace River, TOH 2XO

Phone: 624-1202

WHITELAW

Health Unit (serviced by the Fairview Health Unit)

Address: Box 552, Fairview TOH 1LO

Phone: 835-4951

Hotel Dieu of St. Joseph - Auxiliary Hospital

Address: Whitelaw TOH 3TO

Phone: 596-3740

Contact: Mr. W.J. McGregor

Whitelaw Senior Citizens' Centre

Address: Box 66, Whitelaw TOH 3TO

Phone: 596-2155, 596-2102

Contact: Charlie Hansen, Violet N. Aune

Religious Services

Roman Catholic Rectory

Phone: 596-3750

WORSLEY

Municipal Nursing Station

Address: Worsley TOH 3WO

Phone: 685-3752

Contacts: Anne Thompson, Public Health Nurse
Rosemary MacDonald, Public Health Nurse

Religious Services

Baptist Church

Address: Worsley TOH 3WO

Phone: 685-3930

Alberta Women's Institute

Address: Box 126, Worsley, TOH 3WO

Phone: Not available

Contact: Linda Hudak